

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005486

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: HEALTHMARKET ADMINISTRATIVE SERVICES INC.

Current Principal Place of Business:

20 GLOVE AVENUE
NORWALK, CT 06850

New Principal Place of Business:

20 GLOVER AVENUE
NORWALK, CT 06850

Current Mailing Address:

P.O. BOX 5360
SOUTH NORWALK, CT 06856

New Mailing Address:

FEI Number: 06-1593685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MORRIS, GREGORY
Address: 20 GLOVE AVENUE
City-St-Zip: NORWALK, CT 06850

Title: SD () Delete
Name: BIERMAN, RICHARD
Address: 20 GLOVE AVENUE
City-St-Zip: NORWALK, CT 06850

Title: TD () Delete
Name: PAGANO, JOHN
Address: 20 GLOVE AVENUE
City-St-Zip: NORWALK, CT 06850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R PAGANO

TD

04/28/2002

Electronic Signature of Signing Officer or Director

_____ Date