

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005598 (7)

1. Corporation Name

PHOENIX FINANCIAL ADMINISTRATIVE SERVICE, INC. (FAS)



Principal Place of Business

Mailing Address

95 BRIDGE ST.
HADDAM CT 06438-0479

P.O. BOX 479
HADDAM CT 06438-0479

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

01/23/1995

4. FEI Number

06-1113257

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BURRILL, ALAN E
STREET ADDRESS 53 STONEPOST RD.
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE D ☐ DELETE
NAME FIONDELLA, ROBERT W
STREET ADDRESS 29 SUMMERBERRY CIR.
CITY-ST-ZIP BRISTOL CT 06010

TITLE D ☐ DELETE
NAME SAWYER, FREDERIC W III
STREET ADDRESS 8 STRATFORD RD.
CITY-ST-ZIP FARMINGTON CT 06032

TITLE D ☐ DELETE
NAME SEARFOSS, DAVID W
STREET ADDRESS 3 STRATFORD RD.
CITY-ST-ZIP FARMINGTON CT 06032

TITLE V ☐ DELETE
NAME HLOUSEK, PETER R
STREET ADDRESS 134 AIRLINE RD.
CITY-ST-ZIP CLINTON CT 06413

TITLE V ☐ DELETE
NAME WESGATT, BONNIE
STREET ADDRESS 32 OAK KNOLL RD.
CITY-ST-ZIP EAST HAMPTON CT 06424

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Belinda monet
1.3 STREET ADDRESS 180 Cider Mill Road
1.4 CITY-ST-ZIP Glastonbury CT 06033

2.1 TITLE EVP ☒ Change ☐ Addition
2.2 NAME Allan Burrill
2.3 STREET ADDRESS 139 Champion Hill Road
2.4 CITY-ST-ZIP East Hampton, CT 06424

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Frederick W Sawyer, III
3.3 STREET ADDRESS 8 Sachem Drive
3.4 CITY-ST-ZIP Glastonbury, CT 06033

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Bonnie wasgatt
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Belinda monet - Belinda monet President 4/19/96 (800) 345-8561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)