

2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # **M00000002718**
 1. Entity Name
Aetra Investment Services, LLC

FILED
 01 MAR 22 AM 10:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business **151 Farmington Ave**
 Suite, Apt. #, etc. **TN41**

3. Mailing Address **same**
 Suite, Apt. #, etc.

City & State **Hartford, CT**
 Zip **06106-2000** Country **USA**

City & State
 Zip Country

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003911995--8
-03/27/01--01060--008
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maureen Gillis <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Martin T. Conroy <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John F. Todd <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Deborah Koltenuk <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Francis <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Allan Baker <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition let
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **[Signature]** **V.P.** **860 273 6500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)

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AETNA INVESTMENT SERVICES, LLC

OFFICERS:

MAUREEN M. GILLIS 042-44-6846	PRESIDENT	93 RIVER ROAD EAST HADDAM, CT 06423-14
MARTIN T. CONROY 011-30-6480	VICE PRESIDENT AND ASSISTANT TREASURER	49 TIMBER TRAIL MANCHESTER, CT 06040
DEBORAH KOLTENUK 147-48-0781	VICE PRESIDENT, TREASURER AND CHIEF FINANCIAL OFFICER	67 HIGHFARMS RD. WEST HARTFORD, CT 06107
THERESE SQUILLACOTE 046-36-8846	VICE PRESIDENT, CHIEF COMPLIANCE OFFICER	110 PENDELTON RD. NEW BRITAIN, CT 06053
JOHN F. TODD 149-50-4274	CORPORATE SECRETARY AND COUNSEL	44 MUNROE STREET NORTHAMPTON, MA 01060
* JOSEPH J. ELMY 040-56-4830	TAX DIRECTOR	854 WOODTICK RD. WOLCOTT, CT 06716

DIRECTORS:

MAUREEN M. GILLIS 042-44-6846	93 RIVER ROAD EAST HADDAM, CT 06423-14
ALLAN BAKER 577-66-9197	60 SEA ISLAND GLASTONBURY, CT 06033
ROBERT L. FRANCIS 261-37-5353	17 BRIGHTWOOD CIRCLE DANVILLE, CA 94526

BUSINESS ADDRESS FOR ALL LISTED:

**AETNA INVESTMENT SERVICES,LLC.
151 FARMINGTON AVENUE-TN41
HARTFORD, CT 06156-2000**

*** OFFICER FOR THE PURPOSE OF AND WITH DELEGATED
AUTHORITY TO SIGN ALL STATUTORYREGULATORY FILINGS**