

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAY 28 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002718

1. Entity Name

AETNA INVESTMENT SERVICES, LLC

Principal Place of Business

151 FARMINGTON AVE., #TN41  
HARTFORD CT 06156-2000

Mailing Address

151 FARMINGTON AVE., #TN41  
HARTFORD CT 06156-2000

2. Principal Place of Business

3. Mailing Address

20 Washington Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Minneapolis, MN

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

55401

USA

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLIS, MAUREEN 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONROY, MARTIN T 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TODD, JOHN F 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLTENUK, DEBORAH 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, ROBERT 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ALLAN 151 FARMINGTON AVE., #TN41 HARTFORD CT 06156-2000	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Marie Augsberger 151 Farmington Ave. Hartford, CT 06156-2000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D Allan Baker 151 Farmington Ave. Hartford, CT 06156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paula Cludray-Engelke 20 Washington Avenue S. Minneapolis, MN 55401	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600005622276  
-05/28/02--01055-010  
\*\*\*\*500.00 \*\*\*\*\*50.00

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: *Paula Cludray-Engelke* **APPROVED** Paula Cludray-Engelke 612/342-3968  
Date: April 8, 2002

CR2E083 (9/01)

0143076