

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 # **P02236 (8)**

1. Corporation Name
METRACOMP INC.



Principal Place of Business: **3903 NORTHDAL BLVD. SUITE 200 TAMPA FL 33624 US**
Mailing Address: **% CORPORATE TAX, 5PB ONE TOWER SQUARE HARTFORD CT 06183-8190**

3. Date Incorporated or Qualified: **05/31/1984** 3a. Date of Last Report: **03/28/1995**
4. FEI Number: **06-1095987** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: MICHENER, JAMES M.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE TOWER SQUARE	CITY-STATE-ZIP: HARTFORD CT	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-STATE-ZIP:	
TITLE: V	NAME: SHAH, KAMLESH	2.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3903 NORTHDAL BLVD	CITY-STATE-ZIP: TAMPA FL	2.2 NAME:	Vice President and Director and Treasurer
		2.3 STREET ADDRESS:	
		2.4 CITY-STATE-ZIP:	
TITLE: PD	NAME: ROBERTSON, DWIGHT	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: ONE TOWER SQUARE	CITY-STATE-ZIP: HARTFORD CT	3.2 NAME:	President and Director Lawrence B. Dorman
		3.3 STREET ADDRESS:	One Tower Square
		3.4 CITY-STATE-ZIP:	Hartford, CT
TITLE: V	NAME: LOUK, DAVID K.	4.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3903 NORTHDAL BLVD	CITY-STATE-ZIP: TAMPA FL	4.2 NAME:	Director James D. Cross, M.D.
		4.3 STREET ADDRESS:	One Tower Square
		4.4 CITY-STATE-ZIP:	Hartford, CT
TITLE: V	NAME: OETTING, TERRY D.	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3903 NORTHDAL BLVD.	CITY-STATE-ZIP: TAMPA FL	5.2 NAME:	CMO Steven W. Rosen, M.D.
		5.3 STREET ADDRESS:	One Tower Square
		5.4 CITY-STATE-ZIP:	Hartford, CT
TITLE: AS	NAME: EDDY, PAUL	6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: ONE TOWER SQUARE	CITY-STATE-ZIP: HARTFORD CT	6.2 NAME:	VP, Taxes George A. Ryan
		6.3 STREET ADDRESS:	One Tower Square
		6.4 CITY-STATE-ZIP:	Hartford, CT

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)(b), 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; that 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 of this report or an attachment with an address.

SIGNATURE: **James M. Michener, Secretary 1/29/96 (612) 936-1300**

CR2E034 (12/95)