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May 08 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

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 06183-0001

3. Date Incorporated or Qualified: 05/31/1984
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business: 21 1401 N Westshore Blvd, Suite, Apt. #, etc. 22 Tampa FL, City & State 23 33607, Zip 24 USA, Country 25
2a. Mailing Address: 26 1401 N Westshore Blvd, Suite, Apt. #, etc. 27 Tampa FL, City & State 28 33607, Zip 29 USA, Country 30

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	MICHENER, JAMES M.	1.1 TITLE: Director	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: ONE TOWER SQUARE	HARTFORD CT	1.2 NAME: William W. McGuire, M.D.	1.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: HARTFORD CT		1.4 CITY-ST-ZIP: Minnetonka MN 55343	
TITLE: VPDT	SHAH, KAMLESH	2.1 TITLE: Director/Vice President	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 3903 NORTHDAL BLVD	TAMPA FL	2.2 NAME: David P. Koppe	2.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP: Minnetonka MN 55343	
TITLE: PD	DORMAN, LAWRENCE	3.1 TITLE: President/Director	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: ONE TOWER SQUARE	HARTFORD CT	3.2 NAME: Travers J. Wills	3.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: HARTFORD CT		3.4 CITY-ST-ZIP: Minnetonka MN 55343	
TITLE: D	CROSS, JAMES D. MD	4.1 TITLE: Secretary	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: ONE TOWER SQUARE	HARTFORD CT	4.2 NAME: Brigid M. Spicola	4.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: HARTFORD CT		4.4 CITY-ST-ZIP: Minnetonka MN 55343	
TITLE: CMO	ROSEN, STEVEN W.	5.1 TITLE: Treasurer	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: ONE TOWER SQUARE	HARTFORD CT	5.2 NAME: Allan J. Weiss	5.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: HARTFORD CT		5.4 CITY-ST-ZIP: Minnetonka MN 55343	
TITLE: VD	RYAN, GEORGE A.	6.1 TITLE: Vice President - Taxes	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: ONE TOWER SQUARE	HARTFORD CT	6.2 NAME: Diane L. Flottesch	6.3 STREET ADDRESS: 9900 Bren Rd E, Ste 300
CITY-ST-ZIP: HARTFORD CT		6.4 CITY-ST-ZIP: Minnetonka MN 55343	

14. I do 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 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: _____ Date: 4/30/97 Daytime Phone #: 612-936-1717

CR2E034 (9/96)