

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 11 1998 8:00am  
Secretary of State

PRCT CORPORATION ANNUAL REPORT <del>1997</del> 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02236** (8)  
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
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3. Date Incorporated or Qualified <b>05/31/1984</b>	3a. Date of Last Report <b>4/30/98</b>
4. FEI Number <b>06-1095987</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>5130 Eisenhower blvd.</b>	2a. Mailing Address 26. <b>9900 Bren Rd. East</b>
22. <b>First Floor</b>	27. <b>300 Opus Center</b>
23. <b>Tampa FL</b>	28. <b>Minnetonka, MN</b>
24. <b>33634</b>	29. <b>55343</b>
Country <b>USA</b>	Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>9100012553459</b> 83. <b>06/11/98 01009 012</b> <b>***550.00</b> 84. City <b>FL</b> 85. Zip Code
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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 affiliated with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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

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: if 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.	6/3/98 (612) 936-1738
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SIGNATURE: \_\_\_\_\_ DATE: 6/3/98 DAYTIME PHONE: (612) 936-1738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR