

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR -4 PM. 1:41

DOCUMENT # P17018 (3)
1. Corporation Name
AETNA/AREA CORPORATION

Principal Place of Business Mailing Address
**151 FARMINGTON AVE-YFHA-
HARTFORD CT 06156** **151 FARMINGTON AVE-YFHA-
HARTFORD CT 06156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/02/1987 **05/01/1994**

| | | | |
|---------------------------------|---------------------|---|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 2a | 06-1133902 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 YFHA | 27 YFHA | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

| | | | | | |
|---|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | B1 | Name | | |
| | | B2 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | B3 | | | |
| | | B4 | City | FL | B5 |

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|---|--|
| TITLE | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 1.2 NAME | |
| CITY - ST - ZIP | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY - ST - ZIP | |
| TITLE | NAME | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 2.2 NAME | |
| CITY - ST - ZIP | | 2.3 STREET ADDRESS | 18 Meadow Crossing Simsbury, CT 06890 |
| | | 2.4 CITY - ST - ZIP | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 3.2 NAME | Lee M. Farland |
| CITY - ST - ZIP | | 3.3 STREET ADDRESS | 464 Norwich Rd |
| | | 3.4 CITY - ST - ZIP | Plainfield, CT 06062 |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 4.2 NAME | |
| CITY - ST - ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| TITLE | NAME | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 5.2 NAME | 5 Manor Lane |
| CITY - ST - ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 6.2 NAME | |
| CITY - ST - ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY - ST - ZIP | |

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 110.07(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 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 of this report, or on an attachment with my address.

SIGNATURE: Richard R. Henault **R. R. HENAUULT** **3-29-95** **203-275-3496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number