

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

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17018 (3)**

1. Corporation Name  
**AETNA/AREA CORPORATION**



Principal Place of Business <b>151 FARMINGTON AVE-YFHA HARTFORD CT 06156 US</b>	Mailing Address <b>151 FARMINGTON AVE-YFHA HARTFORD CT 06156-0001 US</b>
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2. Principal Place of Business 21 <b>151 Farmington Ave.</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 <b>151 Farmington Ave.</b> Suite, Apt. #, etc. 27 <b>RE 51</b> City & State 28 Zip 29 <b>06156-9154</b> 30 Country
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3. Date Incorporated or Qualified <b>12/02/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>06-1133902</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENAULT, RICHARD R</b>	
STREET ADDRESS	<b>6 RAYLO COURT</b>	
CITY-ST-ZIP	<b>CHICOPEE MA 01013</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DIMOCK, RODNEY C.</b>	
STREET ADDRESS	<b>18 MEADOW CROSSING</b>	
CITY-ST-ZIP	<b>SIMSBURY CT 06070</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FARLAND, LEE M</b>	
STREET ADDRESS	<b>464 NORWICH ROAD</b>	
CITY-ST-ZIP	<b>PLAINFIELD CT 06078</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEARY, DANIEL R.</b>	
STREET ADDRESS	<b>31 LONGVIEW DRIVE</b>	
CITY-ST-ZIP	<b>SUFFIELD CT 06078</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FISHMAN, JAMES M</b>	
STREET ADDRESS	<b>5 MANOR LANE</b>	
CITY-ST-ZIP	<b>W HARTFORD CT 06107</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAKILLE, ANN M</b>	
STREET ADDRESS	<b>102 BARNES HILL RD</b>	
CITY-ST-ZIP	<b>BURLINGTON CT 06013</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KUTA, CAROL M.</b>	
1.3 STREET ADDRESS	<b>4 OXFORD DRIVE</b>	
1.4 CITY-ST-ZIP	<b>SUFFIELD, CT 06078</b>	
2.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LYNCH, MATTHEW H.</b>	
2.3 STREET ADDRESS	<b>682 FERN STREET</b>	
2.4 CITY-ST-ZIP	<b>WEST HARTFORD, CT 06107</b>	
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HOVEY, CHRISTINE M.</b>	
3.3 STREET ADDRESS	<b>598 EAST STREET</b>	
3.4 CITY-ST-ZIP	<b>HEBRON, CT 06248</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *[Signature]* DATE **4.9.97**

CR2E034 (9/96)