FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20005** **(5)**

1. Corporation Name
BALANCED CAPITAL SERVICES, INC.

Principal Place of Business	Mailing Address
280 TRUMBULL STREET ONE COMMERCIAL PLAZA HARTFORD CT 06103	280 TRUMBULL STREET ONE COMMERCIAL PLAZA HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/11/1988**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business
21: (SAME AS ABOVE)
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: (SAME AS ABOVE)
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **06-0878468** ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	BRANDON, JEFFREY A	12 NAME	
STREET ADDRESS	280 TRUMBULL ST	13 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, DAVID A	22 NAME	
STREET ADDRESS	280 TRUMBULL STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	KUCKRO, LEE G.	32 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P	33 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LILIENTHAL, MARTIN M.	42 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P	43 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WEINTRAUB, ALLEN	52 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P	53 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	GACONA, BERNARD	62 NAME	
STREET ADDRESS	280 TRUMBULL ST	63 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	64 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 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: X _____ 4/10/95 (203)525-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
LEE G. KUCKRO, PRESIDENT

0000810 CP