

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20005 (5)**
1. Corporation Name
BALANCED CAPITAL SERVICES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 90 State House Square		26 90 State House Square		07/11/1988	04/26/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Hartford, CT		28 Hartford, CT		06-0878468	Not Applicable
24 06103		29 06103		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	000001817880 -05/13/96--01018--050		
				84 City	***400.00	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: _____ (Type or print name of registered agent) _____ (Type or print name of person who is signing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	SVP/D
NAME	BRANDON, JEFFREY A	1.2 NAME	
STREET ADDRESS	280 TRUMBULL ST HARTFORD CT	1.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	HOROWITZ, DAVID A	2.2 NAME	
STREET ADDRESS	280 TRUMBULL STREET HARTFORD CT	2.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	KUCKRO, LEE G.	3.2 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P HARTFORD CT	3.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	LILIENTHAL, MARTIN M.	4.2 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P HARTFORD CT	4.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WEINTRAUB, ALLEN	5.2 NAME	
STREET ADDRESS	280 TRUMBULL ST.1 COMM.P HARTFORD CT	5.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	GACONA, BERNARD	6.2 NAME	
STREET ADDRESS	280 TRUMBULL ST HARTFORD CT	6.3 STREET ADDRESS	90 state House Square Hartford, CT 06103
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I hereby 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]* **LEE G. KUCKRO, President**
DATE: **4/24/96** DAYTIME PHONE: **(860) 509-1000**

CR2E034 (12/95)