

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P20005

(5)

1. Corporation Name

BALANCED CAPITAL SERVICES, INC.

Principal Place of Business

Mailing Address

90 STATE HOUSE SQUARE
HARTFORD CT 06103

90 STATE HOUSE SQUARE
HARTFORD CT 06103-3702



3. Date Incorporated or Qualified

07/11/1988

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

Signature of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
SVPD	BRANDON, JEFFREY A	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐
S	HOROWITZ, DAVID A	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐
PD	KUCKRO, LEE G.	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐
T	LILIENTHAL, MARTIN M.	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐
D	WEINTRAUB, ALLEN	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐
VP	GACONA, BERNARD	90 STATE HOUSE SQUARE HARTFORD CT 06103		☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>☐</td><td>☐</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>☐</td><td>☐</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td>☐</td><td>☐</td></td>	2.4 CITY - ST - ZIP <td>☐</td> <td>☐</td>	☐	☐
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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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee G. Kuckro

3/12/97

(860) 509-1000

0001427

CR2E034 (9/96)