

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 90 STATE HOUSE SQUARE, HARTFORD CT 06103  
 Mailing Address: 90 STATE HOUSE SQUARE, HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 07/11/1988

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

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 owes or has paid the current year intangible Personal Property Tax due June 30: Yes

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  
 85 Zip Code: FL

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 \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SVPD	BRANDON, JEFFREY A	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	1.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: S	HOROWITZ, DAVID A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	2.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: PD	KUCKRO, LEE G.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	3.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE: T	LILIENTHAL, MARTIN M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	4.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE: D	WEINTRAUB, ALLEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	5.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE: VP	GACONA, BERNARD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 90 STATE HOUSE SQUARE	HARTFORD CT 06103	6.2 NAME	
CITY-ST-ZIP: HARTFORD CT 06103		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *[Handwritten Signature]* 7/14/98 860/509 1000

CR2E034 (5/98)