

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

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95 MAY -1 AM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P26368** (1)

1. Corporation Name
THE CENTER FOR CORPORATE HEALTH, INC.

Principal Place of Business
**ONE TOWER SQUARE
HARTFORD CT 06183
US**

Mailing Address
**ONE TOWER SQUARE
C/O CORPORATE TAX - 4PB
HARTFORD CT 06183
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1989** 3a. Date of Last Report **04/06/1994**

4. FEI Number **54-1255643** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$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

**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 _____ (Signature, typed or printed name of registered agent and title if applicable) _____ (Title - Registered Agent signature required when renewing) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROBERTSON, DWIGHT
STREET ADDRESS	ONE TOWER SQ
CITY ST ZIP	HARTFORD CT
TITLE	P
NAME	GRAY, STEPHAN
STREET ADDRESS	10467 WHITE GRANITE DR S300
CITY ST ZIP	OAKTON VA
TITLE	T
NAME	HAMMES, RACHEL
STREET ADDRESS	10467 WHITE GRANITE DR S300
CITY ST ZIP	OAKTON VA
TITLE	VP
NAME	RYAN, GEORGE A
STREET ADDRESS	1 TOWER SQ
CITY ST ZIP	HARTFORD CT
TITLE	S
NAME	ENGBERG, NANCY J.
STREET ADDRESS	1 TOWER SQ
CITY ST ZIP	HARTFORD CT
TITLE	AS
NAME	EDDY, PAUL H.
STREET ADDRESS	1 TOWER ST
CITY ST ZIP	HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	800001515608
2.4 CITY ST ZIP	-06/16/95--01080--004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	****200.00 <input type="checkbox"/> ****200.00
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

REMITTED BY MAY 1

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 110.07(3)(k), 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: George A. Ryan (Signature and typed or printed name of signing officer or director) **George A. Ryan, Vice President - Taxes**

(203) 277-5465

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The Center For Corporate Health, Inc.
1995 Annual Report Information

Officers

P/D
Stephen Gray
President
10467 White Granite Drive
Suite 300
Oakton, VA 22124

✓
George A. Ryan
Vice President-Taxes
One Tower Square
Hartford, CT 06183

AS
William H. White
Assistant Treasurer
One Tower Square
Hartford, CT 06183

✓
Nancy J. Engberg
Secretary
One Tower Square
Hartford, CT 06183

V/D
Dwight Robertson
Vice President
One Tower Square
Hartford, CT 06183

J
Rachel Hammes
Treasurer
10467 White Granite Drive
Suite 300
Oakton, VA 22124

AS
Paul H. Eddy
Assistant Secretary
One Tower Square
Hartford, CT 06183

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1995 Annual Report Information

Directors

P/D
Stephan Gray
10467 White Granite Drive
Suite 300
Oakton, VA 22124

V/D
Dwight Robertson
One Tower Square
Hartford, CT 06183

D
Kam Shah
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

~~Saul Feldman~~
~~Suite 300~~
~~10467 White Granite Drive~~
~~Oakton, VA 22124~~

D
Patrick Sorano
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

D
Anthony Kotin
Suite 300
10467 White Granite Drive
Oakton, VA 22124

D
Saul Feldman
Suite 300
10467 White Granite Drive
Oakton, VA 22124