

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90042 013 ***150.00

DOCUMENT # 824962

1. Entity Name
COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY



Principal Place of Business
ANY
70 GENESEE STREET
UTICA NY 13502-6970

Mailing Address
ANY
70 GENESEE STREET
UTICA NY 13502-6970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **15-0274810**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, EUGENE C
566 BARTON BLVD STE-B
P.O. BOX 560806
ROCKLEDGE FL 32955

Name
Eugene C. Weber
Street Address (P.O. Box Number is Not Acceptable)
2364 Addington Circle
PO Box 560806
City
Rockledge **FL** Zip Code
32955

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eugene C. Weber* Eugene Weber *Jan 16, 2003*
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVETT, HERBERT E		NAME		
STREET ADDRESS	MILLINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	POLAND NY		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNER, DAVID R.		NAME		
STREET ADDRESS	66 WHITFORD AVE		STREET ADDRESS		
CITY-ST-ZIP	WHITESBORO NY		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, WILLIAM G		NAME		
STREET ADDRESS	29 PLYMOUTH AVE		STREET ADDRESS		
CITY-ST-ZIP	WHITESBORO NY		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVETT, JAMES D		NAME		
STREET ADDRESS	BOX 923 GRANT RD		STREET ADDRESS		
CITY-ST-ZIP	COLD BROOK NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKS, DWIGHT E JR.		NAME		
STREET ADDRESS	157 PROCTOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	UTICA NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLES, STEPHEN A		NAME		
STREET ADDRESS	1 SHAW ST		STREET ADDRESS		
CITY-ST-ZIP	UTICA NY		CITY-ST-ZIP		

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R. Milner* **David R. Milner** *01/15/03* *800 422-6700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

824962 0017438

FLORIDA DEPARTMENT OF STATE
Division of Corporations

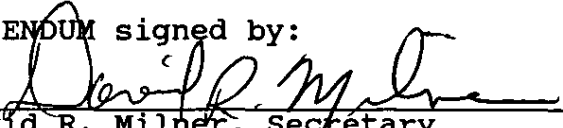
2003 CORPORATION ANNUAL REPORT

Company # 824962
COMMERCIAL TRAVELERS MUTUAL INSURANCE C

BLOCK 11 - ADDENDUM

<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Address</u>
Compson, Joan W	D	3405 Martin Rd Clinton, NY
Griffith, Richard R	D	2 Allen Rd Utica, NY
Hager, Frederick H	D	7500 Norton Ave Clinton, NY
Hummel, Harison J. III	D	25 Canal St Mohawk, NY
Kelly, Kevin M	D	2 Glen St New Hartford NY
McCarthy, Jeremiah O	D	RR 1, Box 276 Barneveld, NY
Reed, Earle C	D	RR 1, Box 278 Barneveld, NY
Sheldon, Robert N	D	2619 Genesee St Utica NY
Stetson, John B	D	8300 Trenton Falls Barneveld, NY
Trevvett, Paul H	D	392 Pardeeville Rd Cold Brook, NY
Falkenstern, Donald D	VP/C	45 Foote Rd Clinton, NY
Spath, Thomas F	M.D.	21 Canterbury Rd New Hartford NY
Coughlin, Timothy M	VP	34 Floyd St. New York Mills NY
Joslin, Donald E.	VP	Korber Rd Holland Patent, NY
Macrina, Lynne J	Ass't VP	15 Woodlawn Ave E Utica, NY
McGrane, Russell V	VP	4066 Oneida St New Hartford, NY
Stalder, Brian T.	VP	514 Willow Drive Utica, NY
Trevvett, Paul H	Senior VP/COO	392 Pardeeville Rd Cold Brook, NY
Alan Shulman	Ass't VP	26 Oakwood Drive New Hartford, NY

ADDENDUM signed by:


David R. Milner, Secretary

Date: March 1, 2003