FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827071** **(2)**

1. Corporation Name
ESIS, INC.

Principal Place of Business
% TAX DEPARTMENT
1601 CHESTNUT ST., 13TLP
PHILADELPHIA PA 19192-9135

Mailing Address
% TAX DEPARTMENT
1601 CHESTNUT ST., 13TLP
PHILADELPHIA PA 19192-9135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/22/1971**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: **95-2210809** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	HAFNER, RAYMOND E.	12 NAME		
STREET ADDRESS	1601 CHESTNUT STREET	13 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP	19192	
TITLE	VPD	21 TITLE	V/D	☒ Change ☒ Addition
NAME	SIMPSON, SHARON E.	22 NAME		
STREET ADDRESS	1601 CHESTNUT STREET	23 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	24 CITY-ST-ZIP	19192	
TITLE	S	31 TITLE		☐ Change ☒ Addition
NAME	MURPHY, THOMAS G.	32 NAME		
STREET ADDRESS	1601 CHESTNUT ST.	33 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	34 CITY-ST-ZIP	19192	
TITLE	AS	41 TITLE	T	☒ Change ☒ Addition
NAME	BETZLER, RICHARD F.	42 NAME	HART, Joanne E.	
STREET ADDRESS	1601 CHESTNUT STREET	43 STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	44 CITY-ST-ZIP	PHILA PA. 19192	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	O'HARA, BRIAN P.	52 NAME		
STREET ADDRESS	1601 CHESTNUT ST.	53 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	54 CITY-ST-ZIP	19192	
TITLE	AT	61 TITLE		☐ Change ☒ Addition
NAME	NEARY, BARBARA A.	62 NAME		
STREET ADDRESS	1601 CHESTNUT ST.	63 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	64 CITY-ST-ZIP	19192	

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 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: Thomas G. Murphy THOMAS G. MURPHY 4/13/95 (215) 761-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000218B CP

ESIS, INC. (057)

827071

ADDRESS:
TWO LIBERTY PLACE
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

TELEPHONE:
(215) 761-1000

OWNERSHIP: INA FINANCIAL CORPORATION - 100%

DIRECTORS

RAYMOND E HAFNER
BRIAN P O'HARA
SHARON E SIMPSON

OFFICERS

RAYMOND E HAFNER ESIS	PRESIDENT
BRIAN P O'HARA ESIS	VICE PRESIDENT
SHARON E SIMPSON ESIS	VICE PRESIDENT
JAMES V YOUNG ESIS	VICE PRESIDENT
THOMAS G MURPHY CIGNA	SECRETARY
JOANNE R HART CIGNA	TREASURER
CHERYL L DONNELLY CIGNA	ASSISTANT SECRETARY
BARBARA A NEARY CIGNA	ASSISTANT SECRETARY
* BECKY A PORTER (INA)	ASSISTANT TREASURER
	ASSISTANT SECRETARY

AS OF: 09/28/94