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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829271 (6)
1. Corporation Name
AXIA SERVICES, INC.



Principal Place of Business ONE TOWER SQUARE HARTFORD CT 06183 US	Mailing Address ONE TOWER SQUARE HARTFORD CT 06183-0001 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/04/1973 3a. Date of Last Report 06/24/1996 4. FEI Number 06-0882316 Applied For Not Applicable 5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5b. Date of Last Report 06/24/1996 6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name C T Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. 83 84 City Plantation FL 85 Zip Code 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLANCY, JOHN R ONE TOWER SQUARE HARTFORD CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Charles J. Clarke One Tower Square Hartford CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES T ONE TOWER SQUARE HARTFORD CT <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Vincent N. Pugliese One Tower Square Hartford, CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V APICELLA, ANDREW J ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRABOWSKI, ANN E ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYERS, ANDREW J ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andrew J. Myer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULREADY, STEPHEN ONE TOWER SQUARE HARTFORD CT <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Paul H. Eddy One Tower Square Hartford CT 06183

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 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:  Terrence J. Foran 4/23/97 860-277-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT
AXIA SERVICES, INC.**

12. OFFICERS AND DIRECTORS

D

**Jay S. Fishman
One Tower Square
Hartford CT 06183**

D

**William P. Hannon
One Tower Square
Hartford CT 06183**

D

**James M. Michener
One Tower Square
Hartford CT 06183**

V - Taxes

**George A. Ryan
One Tower Square
Hartford CT 06183**

AS

**Terrence J. Foran
One Tower Square
Hartford CT 06183**

T

**William H. White
One Tower Square
Hartford CT 06183**

AT

**Charles B. Chamberlain
One Tower Square
Hartford CT 06183**

AT

**George M. Quaggin, Jr.
One Tower Square
Hartford CT 06183**