

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829347 (4)**  
1. Corporation Name  
**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.**



Principal Place of Business <b>151 FARMINGTON AVE., REAR TS31 HARTFORD CT 06156 US</b>	Mailing Address <b>151 FARMINGTON AVE., REAR TS31 HARTFORD CT 06156-0001 US</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>01/23/1973</b>	<b>3a.</b> Date of Last Report <b>01/24/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>06-0889923</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b>
	<b>B1</b> Name
	<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>B3</b>
	<b>B4</b> City
	<b>B5</b> 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 type of 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	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREWRY, JUNE E</b>		1.2 NAME		
STREET ADDRESS	<b>20 WINTERSET LANE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SIMSBURY CT 06070</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, FRED J</b>		2.2 NAME		
STREET ADDRESS	<b>85 INTERVALE ROAD</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PROVIDENCE RI 02906</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOULE, SUSAN S</b>		3.2 NAME		
STREET ADDRESS	<b>26 WILDEMERE AVENUE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>WATERBURY CT 06705</b>		3.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBSEN, MARILYN A</b>		4.2 NAME		
STREET ADDRESS	<b>50 HOLYOKE ROAD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MANCHESTER CT 06040</b>		4.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNICKLE, CYNTHIA T</b>		5.2 NAME		
STREET ADDRESS	<b>40 MICHELE DRIVE</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORTLAND CT 06480</b>		5.4 CITY-ST-ZIP		
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINELLI, MARTIN P</b>		6.2 NAME		
STREET ADDRESS	<b>27 CANDLEWOOD DRIVE</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TOLLAND CT 06084</b>		6.4 CITY-ST-ZIP		

**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: *[Signature]* **Asst. Treasurer** Date: **1/15/98** Daytime Phone #: **860-2736500**

CR2E034 (9/96)

**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.**

**OFFICERS:**

<b>MARY LOU MAREK 365-54-5049</b>	<b>PRESIDENT</b>	<b>126 MOUNTAINVIEW RD. GLASTONBURY, CT..06033</b>
<b>SUSAN S. HOULE 052-70-6988</b>	<b>VICE PRESIDENT- COMPLIANCE OFFICER</b>	<b>26 WILDEMERE AVE. WATERBURY, CT. 06705</b>
<b>MARILYN A. JACOBSEN 044-52-6819</b>	<b>VICE PRESIDENT- STRATEGY</b>	<b>50 HOLYOKE RD. MANCHESTER, CT 06040</b>
<b>CYNTHIA T. MCNICKLE 224-98-2441</b>	<b>VICE PRESIDENT- ACCOUNTING</b>	<b>40 MICHELE DR. PORTLAND, CT. 06480</b>
<b>PATRICK P. MACKEN 042-62-1114</b>	<b>VICE PRESIDENT - MARKETING</b>	<b>56 FOREST DR. WETHERSFIELD, CT 06109</b>
<b>LINDA J. MARR</b>	<b>VICE PRESIDENT - STRATEGY</b>	<b>657 S. WESTFIELD ST. FEEDING HILLS, MA 01030</b>
<b>KRISTINE N. URBANIK 044-46-3117</b>	<b>VICE PRESIDENT - ADMINISTRATION</b>	<b>44 SACHEM DR. GLASTONBURY, CT 06033</b>
<b>THOMAS M. BOUNTY 045-52-5529</b>	<b>SECRETARY CHIEF LEGAL OFFICER</b>	<b>18 HOWEY RD. ASHFORD, CT. 06278</b>
<b>DEANN S. ANASTASIO 169-60-9847</b>	<b>ASSISTANT SECRETARY</b>	<b>33 ROXBURY ST. HARTFORD, CT 06114</b>
<b>FRANK A. SCALISE 047-66-1442</b>	<b>TREASURER</b>	<b>45 SUMMER LANE ROCKY HILL, CT 06067</b>
<b>MARTIN T. CONROY 011-30-6480</b>	<b>ASSISTANT TREASURER</b>	<b>49 TIMBER TRAIL MANCHESTER, CT. 06040</b>