

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # 829347 (4) 1. Corporation Name SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 151 FARMINGTON AVE., REAR- TS31 HARTFORD CT 06156 US	Mailing Address 151 FARMINGTON AVE., REAR- TS31 HARTFORD CT 06156 US
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3. Date Incorporated or Qualified 01/23/1973	
4. FEI Number 06-0889923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. TS31 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. TS31 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREK, MARY LOU	1.2 NAME
STREET ADDRESS	126 MOUNTAINVIEW RD.	1.3 STREET ADDRESS
CITY-ST-ZIP	GLASTONBURY CT	1.4 CITY-ST-ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEN, PATRICK P.	2.2 NAME
STREET ADDRESS	56 FOREST DR	2.3 STREET ADDRESS
CITY-ST-ZIP	WETHERSFIELD CT	2.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULE, SUSAN S	3.2 NAME
STREET ADDRESS	26 WILDEMERE AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	WATERBURY CT 06705	3.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, MARILYN A	4.2 NAME
STREET ADDRESS	50 HOLYOKE ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	MANCHESTER CT 06040	4.4 CITY-ST-ZIP
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNICKLE, CYNTHIA T	5.2 NAME
STREET ADDRESS	40 MICHELE DRIVE	5.3 STREET ADDRESS
CITY-ST-ZIP	PORTLAND CT 06480	5.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, IDA	6.2 NAME
STREET ADDRESS	19 GREENE PLACE	6.3 STREET ADDRESS
CITY-ST-ZIP	SPRINGFIELD MA	6.4 CITY-ST-ZIP

See Attached list

14. 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 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.

CR2E034 (10/97)

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

FEDERAL I.D. 06-0889923

OFFICERS:

JAMES C. LEHAN

022-34-2650

PRESIDENT

15 FREDRICKSON RD.

NORFOLK, MA 02056

FREDERICK D. KELSVEN

273-42-1078

**CHIEF COMPLIANCE
OFFICER**

5 TYLER COURT

AVON, CT 06001

LINDA J. MARR

042-42-4214

**VICE PRESIDENT -
STRATEGY**

657 S. WESTFIELD ST.

FEEDING HILLS, MA 01030

KRISTINE N. URBANIK

044-46-3117

**VICE PRESIDENT -
ADMINISTRATION**

44 SACHEM DR.

GLASTONBURY, CT 06033

JUDEEN T. WRINN

044-62-3817

**VICE PRESIDENT-
ADMINISTRATION**

97 MINER ST.

MIDDLETOWN, CT 06457

FRANCES P. STEEN

380-70-2142

**SECRETARY
CHIEF LEGAL OFFICER**

34 HIGH HILL RD.

BLOOMFIELD, CT 06002

ROSE-MARIE DERENSIS

045-46-4187

ASSISTANT SECRETARY

133 S. HIGHLAND ST.

WEST HARTFORD, CT 06119

KAREN A. PEDDLE

041-54-9397

ASSISTANT SECRETARY

44 CIMARRON RD.

MIDDLETOWN, CT 06457

FRANK A. SCALISE

047-66-1442

TREASURER

45 SUMMER LANE

ROCKY HILL, CT 06067

MARTIN T. CONROY

011-30-6480

ASSISTANT TREASURER

49 TIMBER TRAIL

MANCHESTER, CT. 06040

*** JOSEPH J. ELMY**

040-56-4830

TAX DIRECTOR

854 WOODTICK RD.

WOLCOTT, CT 06716

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

DIRECTORS:

**JAMES C. LEHAN
022-34-2650**

**15 FREDRICKSON RD.
NORFOLK, MA 02056**

**GERALD F. O'BRIEN
047-30-5898**

**83 BROOKMOOR RD.
AVON, CT. 06001**

**MARY LOU MAREK
365-54-5049**

**126 MOUNTAINVIEW RD.
GLASTONBURY, CT..06033**

GORDON L. MALTEMPO

**100 MILLSTONE RD.
GLASTONBURY, CT 06033**

*** OFFICER FOR THE PURPOSE OF AND WITH DELEGATED
AUTHORITY TO SIGN ALL STATUTORY\REGULATORY FILINGS**

BUSINESS ADDRESS FOR ALL LISTED:

**SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.
151 FARMINGTON AVENUE, TS31
HARTFORD, CT. 06156**