

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90125 009 ***150.00

DOCUMENT # 829347	
1. Entity Name SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.	
Principal Place of Business 151 FARMINGTON AVE. (REAB) <i>delete</i> TS31 HARTFORD CT 06156 US	Mailing Address 151 FARMINGTON AVE. (REAB) <i>delete</i> TS31 HARTFORD CT 06156-0001 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>151 Farmington Ave.</i>	3. Mailing Address <i>151 Farmington Ave.</i>
Suite, Apt. #, etc. <i>0</i>	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 06-0889923	Applied For <input type="checkbox"/>
Zip <i>06156-2000</i>	Country	Country	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code FL

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBRIEN, GERALD 83 BROOKMOOR RD AVON CT 06001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONROY, MARTIN T 49 TIMBER TRAIL MANCHESTER CT 06060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELMY, JOSEPH 854 WOODTICK RD WELCOTT CT 06716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URBANIK, KRISTINE N 44 SACHEM DR GLASTONBURY CT 06033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRINN, JUDEEN T 97 MINER ST MIDDLETOWN CT 06457	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STEEN, FRANCES P 34 HIGH HILL RD BLOOMFIELD CT 06002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. T. Conroy* **Martin T. Conroy** *3/10/00* **3/10/00** *860-273-6052* **860-273-6052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

097041

SYSTEMATIZED BENEFITS ADMINISTRATORS, INC.

Attachment
0004392

FEDERAL I.D. 06-0889923

OFFICERS:

GERALD F. O'BRIEN 047-30-5898	PRESIDENT	83 BROOKMOOR RD. AVON, CT 06001
THERESE SQUILLACOTE 046-36-8846	CHIEF COMPLIANCE OFFICER	110 PENDELTON RD. NEW BRITAIN, CT 06053
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
BRIAN K. HAENDIGES 026-54-2787	VICE PRESIDENT - MARKETING	48 ANDREW DR. NORTH CANTON, CT 06059
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	869 FARMINGTON AVENUE, UNIT 30 WEST HARTFORD, CT 06119
KAREN A. PEDDLE 041-54-9397	ASSISTANT SECRETARY	44 CIMARRON RD. MIDDLETOWN, CT 06457
MARTIN T. CONROY 011-30-6480	TREASURER	49 TIMBER TRAIL MANCHESTER, CT. 06040
* JOSEPH J. ELMY 040-56-4830	TAX DIRECTOR	854 WOODTICK RD. WOLCOTT, CT 06716

DIRECTORS:

GERALD F. O'BRIEN 047-30-5898	83 BROOKMOOR RD. AVON, CT. 06001
GORDON L. MALTEMPO 042-38-9689	100 MILLSTONE RD. GLASTONBURY, CT 06033
MARTIN T. CONROY 011-30-6480	49 TIMBER TRAIL MANCHESTER, CT. 06040

* 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, TN41
HARTFORD, CT. 06156-2000