FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-25-95

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

B-4386

APPROVED AND FILED

95 APR 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832469 (1)

1. Corporation Name

HARTFORD EQUITY SALES COMPANY, INC.

Principal Place of Business	Mailing Address
HARTFORD PLAZA, TAX DIVISION HARTFORD CT 06115	HARTFORD PLAZA, TAX DIVISION HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1974

3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 06-0896599 ☐ 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	SVP	11 TITLE		☐ Change ☐ Addition
NAME	GINNETTI, JOHN P.	12 NAME		
STREET ADDRESS	8 HARVEST HILL RD.	13 STREET ADDRESS		
CITY-ST-ZIP	W SIMSBURY CT	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, LOWNDES A	22 NAME		
STREET ADDRESS	14 SURREY DR	23 STREET ADDRESS		
CITY-ST-ZIP	E GRANBY CT	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	CLINTON, CHARLES A	32 NAME		
STREET ADDRESS	38 BEER RUN RD	33 STREET ADDRESS		
CITY-ST-ZIP	AVON CT	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WILDER, MICHAEL S.	42 NAME		
STREET ADDRESS	11 FERNWOOD RD.	43 STREET ADDRESS		
CITY-ST-ZIP	W HARTFORD CT	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE	AS	☐ Change ☐ Addition
NAME	TEDESCO, JOSEPH W.	52 NAME	TEDESCO JR. JOSEPH W.	
STREET ADDRESS	1840 ASYLUM AVENUE	53 STREET ADDRESS	18 NEWBURY COURT	
CITY-ST-ZIP	W HARTFORD CT	54 CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	SMITH, LOWNDES A	62 NAME		
STREET ADDRESS	14 SURREY DR	63 STREET ADDRESS		
CITY-ST-ZIP	E GRANBY CT	64 CITY-ST-ZIP		

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)(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: JOSEPH W. TEDESCO, ASSISTANT SECRETARY AND DIRECTOR OF TAX ADMINISTRATION 4/18/95 (203)647-2920

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

0963700 FP