FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833451** **(8)**

1. Corporation Name
CONSTITUTION STATE SERVICE COMPANY

Principal Place of Business	Mailing Address
ONE TOWER SQUARE C/O CORPORATE TAX 5PB HARTFORD CT 06183-6190	ONE TOWER SQUARE C/O CORPORATE TAX 5PB HARTFORD CT 06183-6190

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/09/1974**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **81-0293720** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. 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	D	11 TITLE		☐ Change ☐ Addition
NAME	TUCKER, THOMAS	12 NAME		
STREET ADDRESS	61 WEST AVE	13 STREET ADDRESS		
CITY-ST-ZIP	ESSEX CT	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	MICHENER, JAMES M.	22 NAME	Terrence J. Foran	
STREET ADDRESS	24 WYNGATE	23 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	SIMSBURY CT	24 CITY-ST-ZIP	Hartford, Ct.	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NOTHEM, JAMES	32 NAME		
STREET ADDRESS	SCHOOL STREET	33 STREET ADDRESS		
CITY-ST-ZIP	COVENTRY CT	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	ELLIOT, DOUGLAS	42 NAME		
STREET ADDRESS	60 DEERFIELD RUN	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKY HILL CT	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	REPLOGLE, DENNIS R.	52 NAME		
STREET ADDRESS	3 ROBERTS RD.	53 STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY CT	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	IGNATOWICZ, MICHAEL	62 NAME		
STREET ADDRESS	54 HANSEN ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	CANTON 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: _____ 4/27/95 (203) 954-8138
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0000868 CP