

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **837976** (0)
1. Corporation Name
HARTFORD SPECIALTY COMPANY



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

3. Date Incorporated or Qualified: **03/08/1977** 3a. Date of Last Report: **04/25/1995**
4. FEI Number: **06-0888168** 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

2. Principal Place of Business: 2a. Mailing Address
21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.
22. City & State: 27. City & State
23. Zip: 28. Zip 25. Country: 29. Country 30. Country

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADLEY, DAVID R | 1.2 NAME | |
| STREET ADDRESS | 2 BIRCH RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W HARTFORD CT | 1.4 CITY-ST-ZIP | |
| TITLE | SRV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SRV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRIFFIN JR., J. PHILIP | 2.2 NAME | JOSEPH H. GARREAU |
| STREET ADDRESS | 86 SPRING STREET | 2.3 STREET ADDRESS | 456 E CHIMNEY SWEEP HILL RD. |
| CITY-ST-ZIP | WINDSOR LOCKS CT | 2.4 CITY-ST-ZIP | COLASTONBURY, CT 06033 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILDER, MICHAEL S | 3.2 NAME | |
| STREET ADDRESS | 11 FERNWOOD RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W HARTFORD, CT 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRETT, J. RICHARD | 4.2 NAME | |
| STREET ADDRESS | 26 MARY CATHERINE CRL. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINDSOR CT | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAHM, DONALD R | 5.2 NAME | |
| STREET ADDRESS | 29 CHELTENHAM WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON CT | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EVEN, JAMES A | 6.2 NAME | DAVID BRADLEY |
| STREET ADDRESS | 4 ELCY WAY | 6.3 STREET ADDRESS | 2 BIRCH RD. |
| CITY-ST-ZIP | SIMSBURY CT | 6.4 CITY-ST-ZIP | W. HARTFORD, CT 06119 |

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)(k), 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: *James Cubanski* **JAMES CUBANSKI** 4/25/96 (800) 547-3801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)