

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10:10

DOCUMENT # **841028** (4)

1. Corporation Name

CIGNA ROAD & TRAVEL CLUB, INC.

Principal Place of Business

Mailing Address

1601 CHESTNUT ST
PHILADELPHIA PA 19132
US

P.O. BOX 7716
PHILADELPHIA PA 19132
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/10/1978** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **23-2066824** Applied For Not Applicable

21 Sube. Apt. #, etc

26 Sube. Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(8/11) Registered Agent signature required when resubmitting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS
NAME	MARKOE, JOAN A.
STREET ADDRESS	879 N. STILLMAN STREET
CITY, ST, ZIP	PHILADELPHIA PA
TITLE	P
NAME	BROWNMILLER, RICHARD A
STREET ADDRESS	1601 CHESTNUT ST
CITY, ST, ZIP	PHILADELPHIA PA
TITLE	D
NAME	KUKAINIS, MARIS
STREET ADDRESS	1601 CHESTNUT ST
CITY, ST, ZIP	PHILADELPHIA PA
TITLE	S
NAME	HESSING, ILANA G
STREET ADDRESS	1601 CHESTNUT ST
CITY, ST, ZIP	PHILADELPHIA PA
TITLE	VT
NAME	BLENDER, MARCY
STREET ADDRESS	1601 CHESTNUT ST
CITY, ST, ZIP	PAOLI PA
TITLE	V
NAME	LEONARD, JOHN
STREET ADDRESS	1601 CHESTNUT ST
CITY, ST, ZIP	PHILADELPHIA PA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

Joan A. Markoe
SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR

4/28/95

215-761-4101