

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90063 001 \*\*\*450.00

66408668



03232004 Chg-P CR2E034 (10/03)

4. FEI Number  
06-1068391

Applied For  
Not Applicable

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

## 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

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TRACHSEL, WILLIAM H.  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT 06101

TITLE T ☒ Delete  
NAME GAILING, E R  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT 06101

TITLE S ☐ Delete  
NAME MCGREGOR, LAUREN  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT 06101

TITLE P ☐ Delete  
NAME ANDERSON, PAUL  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT 06101

TITLE VP ☐ Delete  
NAME BUCKNALL, WILLIAM L  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT 06101

TITLE AS ☐ Delete  
NAME BAUER, REINHARD E  
STREET ADDRESS 1 FINANCIAL PLAZA  
CITY-ST-ZIP HARTFORD, CT

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE A/S ☒ Change ☐ Addition  
NAME Neil Hassett  
STREET ADDRESS  
CITY-ST-ZIP

TITLE A/S ☐ Change ☒ Addition  
NAME Jim Van Hoof  
STREET ADDRESS 1 Financial Plaza  
CITY-ST-ZIP Hartford CT 06101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/04