

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90008 050 ***550.00

DOCUMENT # **857717**

1. Corporation Name

SAGEMARK CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1983

2. Principal Place of Business

**900 COTTAGE GROVE RD.
BLOOMFIELD CT 06002**

2a. Mailing Address

**900 COTTAGE GROVE RD.
BLOOMFIELD CT 06002**

4. FEI Number

06-0841987

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	MATHESON, KAREN R.	
STREET ADDRESS	16 ROSEWOOD DR.	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, JOY P	
STREET ADDRESS	900 COTTAGE GROVE RD.	
CITY-ST-ZIP	BLOOMFIELD CT 06002	
TITLE	CCAS	<input type="checkbox"/> DELETE
NAME	PICARELLO, ROBERT A.	
STREET ADDRESS	900 COTTAGE GROVE RD.	
CITY-ST-ZIP	BLOOMFIELD CT 06002	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HEMP, MICHAEL J	
STREET ADDRESS	1300 S. CLINTON ST.	
CITY-ST-ZIP	FT. WAYNE IN 46802	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, TODD R	
STREET ADDRESS	1300 S. CLINTON ST.	
CITY-ST-ZIP	FT. WAYNE IN 46802	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRODY, CAROLN	
STREET ADDRESS	1300 S. CLINTON ST.	
CITY-ST-ZIP	FT. WAYNE IN 46802	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sr. V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McMath, Michael E.	
1.3 STREET ADDRESS	350 Church Street	
1.4 CITY-ST-ZIP	Hartford, CT 06103-1106	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carlton, Jeffrey C.	
2.3 STREET ADDRESS	350 Church Street	
2.4 CITY-ST-ZIP	Hartford, CT 06103-1106	
3.1 TITLE	V/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lynch, Matt	
3.3 STREET ADDRESS	350 Church Street	
3.4 CITY-ST-ZIP	Hartford, CT 06103-1106	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rose, Cynthia A.	
4.3 STREET ADDRESS	1300 S. Clinton St.	
4.4 CITY-ST-ZIP	Ft. Wayne, IN 46802	
5.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chrzan, Janet C.	
5.3 STREET ADDRESS	1300 S. Clinton St.	
5.4 CITY-ST-ZIP	Ft. Wayne, IN 46802	
6.1 TITLE	Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mills, Trina	
6.3 STREET ADDRESS	1300 S. Clinton St.	
6.4 CITY-ST-ZIP	Ft. Wayne, IN 46802	

14. 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 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:

Trina Mills **RETRINA MILLS, ASST. SEC.** 8/10/99 219/
455-2562

CR2E034 (5/99)

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