


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90110 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000596

1. Corporation Name
TRAVELERS GROUP INC.



Principal Place of Business 388 GREENWICH STREET NEW YORK NY 10013 US	Mailing Address 300 ST. PAUL PLACE BSP 10D BALTIMORE MD 21202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 153 East 53rd St. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State New York, N.Y. 10043	27 City & State
23 Zip 10043	25 Country
24 Zip 10043	29 Country

3. Date Incorporated or Qualified 12/10/1992	Applied For Not Applicable
4. FEI Number 52-1568099	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEILL, SANFORD I	
STREET ADDRESS	388 GREENWICH STREET	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MILLER, HEIDI G CFO	
STREET ADDRESS	388 GREENWICH ST	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	INGBER, A.L.	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ETTINGER, I R	
STREET ADDRESS	388 GREENWICH ST	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	PRINCE, C O	
STREET ADDRESS	388 GREENWICH ST	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOYLAN, C M	
STREET ADDRESS	300 ST. PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD 21202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	153 East 53rd St.
1.4 CITY-ST-ZIP	New York, N.Y. 10043
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	153 East 53rd St.
2.4 CITY-ST-ZIP	New York, N.Y. 10043
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	153 East 53rd St.
4.4 CITY-ST-ZIP	New York, N.Y. 10043
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	153 East 53rd St.
5.4 CITY-ST-ZIP	New York, N.Y. 10043
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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *C.M. Moylan* **REQUIRED** C.M. moylan 4/17/99 (410)332-3000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR25034/11/091