FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:23

DOCUMENT # F93000003220 (1)

1. Corporation Name
238 COLUMBUS BLVD., INC.

Principal Place of Business	Mailing Address
ONE AMERICAN ROW HARTFORD CT 06115	ONE AMERICAN ROW HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 06-1279377 ☐ 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

9. Name and Address of Current Registered Agent

CT 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLOUGHLIN, PHILIP R	1.2 NAME	
STREET ADDRESS	11 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. SIMSBURY CT 06092	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, SCOTT C	2.2 NAME	
STREET ADDRESS	15 APPLE HILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILBRAHAM MA 01095	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, BARBARA	3.2 NAME	
STREET ADDRESS	1699 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT 06033	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, JAMES S	4.2 NAME	
STREET ADDRESS	1081-1/2 FARMINGTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT 06107	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	GRZYBALA, PETER C	5.2 NAME	
STREET ADDRESS	25 RIVERVIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT 06033	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	SEARFOSS, DAVID W	6.2 NAME	
STREET ADDRESS	3 STRATFORD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT 06032	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)(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: Douglas G. Dwyer — Douglas G. Dwyer, Asst Treasurer — 3/6/95 — (203) 241-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303780 FP