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#F9  
AETNA INVESTMENT SERVICES, INC.

FEDERAL I.D. 06-1375177

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90034 005 \*\*\*150.00

**OFFICERS:**

SHAUN P. MATHEWS 118-42-7413	PRESIDENT	19 BROOK DR. SIMSBURY, CT
MARSHA A. ROHRS 275-46-3056	SR. VICE PRESIDENT	5 OXFORD COURT AVON, CT 06001
MARTIN T. CONROY 011-30-6480	CHIEF FINANCIAL OFFICER VICE PRESIDENT AND TREASURER	49 TIMBER TRAIL MANCHESTER, CT
THERESE SQUILLACOTE 046-36-8846	VICE PRESIDENT, CHIEF COMPLIANCE OFFICER	110 PENDELTON RD. NEW BRITAIN, CT 06053
THOMAS M. BOUNTY 045-52-5529	CORPORATE SECRETARY AND COUNSEL	18 HOWEY RD. ASHFORD, CT 06278
ROSE MARIE DERENSIS 045-46-4187	ASST. CORPORATE SECRETARY	133 S. HIGHLAND ST WEST HARTFORD, CT 06119

**DIRECTORS:**

STEVEN HAXTON 301-42-3971	1170 S. OLD STATE DELAWARE, OHIO 43015
MARSHA A. ROHRS 275-46-3056	5 OXFORD COURT AVON, CT 06001
SHAUN P. MATHEWS 118-42-7413	19 BROOK DR. SIMSBURY, CT

**BUSINESS ADDRESS FOR ALL LISTED:**

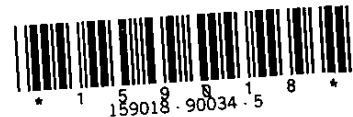
AETNA INVESTMENT SERVICES, INC.  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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



0001331

DOCUMENT # F93000005510

1. Corporation Name

AETNA INVESTMENT SERVICES, INC.

Principal Place of Business  
151 FARMINGTON AVE.  
HARTFORD CT 06156-1000

Mailing Address  
151 FARMINGTON AVE.  
HARTFORD CT 06156-1000

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/03/1993

4. FEI Number

06-1375177

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 151 Farmington Ave.  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP ☐ DELETE  
NAME MATHEWS, SHAUN P  
STREET ADDRESS 19 BROOK DR.  
CITY-ST-ZIP SIMSBURY CT

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE  
NAME CONROY MARTIN T  
STREET ADDRESS 49 TIMBER TRAIL  
CITY-ST-ZIP AVON CT 06001

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☒ DELETE  
NAME KELSVEN FREDERICK D  
STREET ADDRESS 5 TYLER COURT  
CITY-ST-ZIP AVON CT 06001

3.1 TITLE Secretary ☐ Change ☒ Addition  
3.2 NAME Thomas Bounty  
3.3 STREET ADDRESS 18 Howey Rd  
3.4 CITY-ST-ZIP Ashford, CT 06278

TITLE SVP ☒ DELETE  
NAME MATHEWS, SHAUN P  
STREET ADDRESS 19 BROOK DRIVE  
CITY-ST-ZIP SIMSBURY CT 06070

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, 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 #

CR2E034 (1/1/98)