

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93045** (5)

1. Corporation Name

INVESTORS ADVANTAGE CORPORATION



Principal Place of Business

Mailing Address

ONE AMERICAN ROW - REAL ESTATE
HARTFORD CT 06115

ONE AMERICAN ROW - REAL ESTATE
HARTFORD CT 06115

3. Date Incorporated or Qualified 08/03/1982	3a. Date of Last Report 02/16/1995
4. FEI Number 59-2669145	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 38 Prospect Street	26. 38 Prospect Street
State, Apt. #, etc.	State, Apt. #, etc.
22. City & State Hartford, CT	27. City & State Hartford, CT
23. Zip 06115	28. Zip 06115
Country	Country
24. 06115	29. 06115
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0102 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 type must be one of the following: 1. Officer or Director

2. Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P NOBLE, SCOTT C.	1.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EV CARTER, JAMES S.	2.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HARTIGAN, MICHAEL	3.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT DENYER, DOUGLAS	4.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SEARFOSS, DAVID W	5.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ROBBINS, KEITH D.	6.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW - REAL ESTATE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT 06115	6.4 CITY-STATE-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)(k), 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 registered agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas S. Denyer, Assistant Treasurer

1/24/96 203-241-7132
DATE Day of the Month #

CR2E034 (12/95)