

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0874
Entity Name F95000006
TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90218 043 ***550.00

Principal Place of Business
TOWER SQUARE
HARTFORD CONNECTICUT 06183
Mailing Address
ONE TOWER SQUARE
HARTFORD CONNECTICUT 06183
US

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
06-1412341
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Rd.
Plantation FL 33324

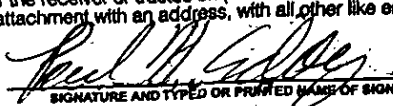
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  PAUL H. EDDY 5/30/00 860 277-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
OFF 95000874
DW 63458

STATE OF FLORIDA
2000 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS MEDICAL MANAGEMENT SERVICES INC.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (continued)

Title CEO
Name RODRIGUEZ, JOHN S
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title V/CFO
Name TORSIELLO, ANTHONY S
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title V
Name INGBER, ALAN
Street Address 75 HOLLY HILL LANE
City-St-Zip GREENWICH CT 06830

Title V
Name RYAN, GEORGE A
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title AS
Name WILLIAMS, SANDRA A
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title T
Name WHITE, WILLIAM H
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title AT
Name CHAMBERLAIN, CHARLES B
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title AT
Name QUAGGIN, GEORGE M JR.
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183