
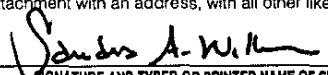


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90055 013 ***150.00

DOCUMENT # F95000000874 1. Entity Name TRAVELERS MEDICAL MANAGEMENT SERVICES INC.					
Principal Place of Business ONE TOWER SQUARE HARTFORD, CT 06183			Mailing Address ONE TOWER SQUARE HARTFORD, CT 06183		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1412341	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CHARLES J ONE TOWER SQUARE, 8 GS HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDNER, ADAM ONE TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDDY, PAUL H ONE TOWER SQUARE, 8 MS HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, SANDRA A ONE TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFP TORSIELLO, ANTHONY S ONE TOWER SQUARE, 8PB HARTFORD, CT 06183 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, WILLIAM H ONE TOWER SQUARE HARTFORD, CT 06183 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Sandra A. Williams		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/8/04		
			<small>Daytime Phone #</small> 860-277-4861		

Attachment
#F95000000874
2/20/18

STATE OF FLORIDA
2004 FOR PROFIT CORPORATION ANNUAL REPORT
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
Name RYAN, GEORGE A
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title V/CFO
Name LAPLACA, PETER A
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title V
Name GRAFF, GUY
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

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

Title T
Name RUSSELL, DOUGLAS K
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

Attachment
#F95000000874
#4021188

Title D
Name BENET, JAY S
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183

Title D
Name ELLIOT, DOUGLAS G
Street Address ONE TOWER SQUARE
City-St-Zip HARTFORD CT 06183