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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001742 (4)

1. Corporation Name

TRAVELERS GROUP EXCHANGE, INC.



Principal Place of Business

57 PROSPECT STREET, 11GSA  
HARTFORD CT 06183

Mailing Address

57 PROSPECT STREET, 11GSA  
HARTFORD CT 06103-2810

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report  
07/11/1996

4. FEI Number  
14-1778069

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

C T 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CUFFE, JOHN  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183 ☐ DELETE

TITLE D  
NAME MCNAMARA, GLENN F  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183 ☐ DELETE

TITLE PD  
NAME IRISH, THOMAS M  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183 ☐ DELETE

TITLE V  
NAME DECARLO, DONALD T  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183 ☐ DELETE

TITLE V  
NAME PALMER, ANN M  
STREET ADDRESS NORTHWAY PLAZA  
CITY-ST-ZIP QUEENSBURY NY 12804 ☐ DELETE

TITLE V  
NAME BLANCHE, LOIS F  
STREET ADDRESS NORTHWAY PLAZA  
CITY-ST-ZIP QUEENSBURY NY 12804 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D/CEO ☒ Change ☐ Addition  
2.2 NAME Matthews, P.A.  
2.3 STREET ADDRESS 388 Greenwood St  
2.4 CITY-ST-ZIP New York, NY

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Schimpf, J. K.  
3.3 STREET ADDRESS 388 Greenwood St  
3.4 CITY-ST-ZIP New York, NY

4.1 TITLE V ☒ Change ☐ Addition  
4.2 NAME Jones, J. J.  
4.3 STREET ADDRESS 300 St. Paul Place  
4.4 CITY-ST-ZIP Baltimore, Md

5.1 TITLE T ☒ Change ☐ Addition  
5.2 NAME White, W. H.  
5.3 STREET ADDRESS 57 Prospect St  
5.4 CITY-ST-ZIP Hartford, Ct

6.1 TITLE S ☐ Change ☐ Addition  
6.2 NAME Wright, E. J.  
6.3 STREET ADDRESS 57 Prospect St  
6.4 CITY-ST-ZIP Hartford, Ct

14. I do 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.

SIGNATURE:

J. J. Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97  
Date

410-322-3000  
Daytime Phone #

CR2E034 (9/96)