

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001742 (4)**  
 1. Corporation Name  
**TRAVELERS GROUP EXCHANGE, INC.**



Principal Place of Business <b>57 PROSPECT STREET. <sup>245B</sup> <del>1400A</del></b> <b>HARTFORD CT 06183</b>	Mailing Address <b>57 PROSPECT STREET. <sup>245B</sup> <del>1400A</del></b> <b>HARTFORD CT 06183</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/10/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>14-1778069</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>DP CUFFE, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DCEO DAWKINS, P M</b>	2.2 NAME	
STREET ADDRESS	<b>388 GREENWICH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SCHIMPF, J K</b>	3.2 NAME	<b>P. A. Santella</b>
STREET ADDRESS	<b>388 GREENWICH ST</b>	3.3 STREET ADDRESS	<b>388 Greenwich St.</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>New York, N.Y. 10013</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V JONES, J I</b>	4.2 NAME	
STREET ADDRESS	<b>300 ST PAUL PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALTIMORE MD</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WHITE, W H</b>	5.2 NAME	<b>J. J. Carter</b>
STREET ADDRESS	<b>57 PROSPECT ST</b>	5.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	5.4 CITY-ST-ZIP	<b>Baltimore, MD, 21202</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S WRIGHT, E J</b>	6.2 NAME	
STREET ADDRESS	<b>57 PROSPECT ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT</b>	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.

SIGNATURE: *[Signature]* T. J. Jones 4/11/98 (410) 332-3000

CR2E034 (10/97)