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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

DOCUMENT # F9500001742 (4) TRAVELERS GROUP EXCHANGE, INC.						
Principal Place of Business 57 PROSPECT STREET. 1486A HARTFORD CT 06183		Mailing Address 57 PROSPECT STREET, HARTFORD CT 06183				`
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
					04/10/1995	
	lace of Business	2a. Mailing Address	,		4. FEI Number	Applied For
21 Suite, Apt	# atc	Suite, Apt. #, etc.			14-1778069	Not Applicable
22 Sune, Apr.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State					6. Election Campaign Financing	\$5.00 May Be
23	26				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25 29 30 9, Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		negistered Agent	81	Name	IV. Name and Address of New Registere	ad Wilein
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				<u> </u>		
PLANTATION FL 33324			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
					F	<u>L</u>
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Output DATE						
12.	OFFICERS AND		13.	ant signature req	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	CUFFE, JOHN		1.2 NAME			
STREET ADDRESS	ONE TOWER SQUARE		1.3 STREET	ADDRESS		ا
CITY-ST-ZIP	HARTFORD CT	T priest	1.4 CITY - S	T-ZIP		
TITLE	DCEO	DELETE	21 THE			☐ Change ☐ Addition ☐
NAME OTOSET ADDRESS	DAWKINS, P M 388 GREENWICH ST		2.2 NAME	1000100		
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY		2.3 STREET 2. 4 CITY-5			
TITLE	D	☑ DELETE	3.1 TITLE	7	Directors	Change Addition
NAME	SCHIMPF, J K	,	3.2 NAME	P	A 50,0+0,1/0	•••
STREET ADDRESS	388 GREENWICH ST	8 GREENWICH ST		ADDRESS 3	Director A. Santella See Organish St.	
CITY-ST-ZIP	NEW YORK NY		3.4. CITY - 5	ST-ZIP	Yew York, N.Y. 1001	3
TITLE	V	DELÊTE 4				Change Addition
NAME	* - · · · · ·		4. 2 NAME			
STREET ADDRESS	DATE THEODY AND		4 3 STREET			
CITY-ST-ZIP	BALTIMORE MD	DELETE	4.4 CITY-S			X Change Addition
TITLE NAME	WHITE, W H	ix occess	5.1 TITLE 5.2 NAME		reasurer T. Cartil	har cualific T Montiful
STREET ADDRESS	57 PROSPECT ST		5.3 STREET	ADDRESS 3	500 St. Paul Place	
CITY-ST-ZIP	HARTFORD CT		5.4 CITY-S	10	Baltimore, MD, 2121	12
TITLE	8	☐ DELÉTE	6.1 TITLE			☐ Change ☐ Addition
NAME	WRIGHT, E J		6.2 NAME			
STREET ADDRESS	ESS 57 PROSPECT ST 6.		6.3 STREET	ADDRESS		
CITY-ST-ZIP	HARTFORD CT		6.4 CITY-S			
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	or the exemp	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Thereby 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 informatic 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 capporation 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 challeged, or of all affectment with an address.