

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90042 037 \*\*\*150.00

0572685

**DOCUMENT # F95000001742**

1. Entity Name  
**TRAVELERS GROUP EXCHANGE, INC.**

Principal Place of Business      Mailing Address  
**57 PROSPECT STREET 2GSB**      **57 PROSPECT STREET 2GSB**  
**HARTFORD CT 06183**              **HARTFORD CT 06183**  
**US**    **US**

**524473**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **14-1778069**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CUFFE, JOHN	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	DAWKINS, P M	
STREET ADDRESS	388 GREENWICH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTELLA, P.A.	
STREET ADDRESS	388 GREENWICH ST	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, J I	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, J.J.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, E J	
STREET ADDRESS	57 PROSPECT ST	
CITY-ST-ZIP	HARTFORD CT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. I. Jones**      4/2/01 (410)332-3000

Date

Daytime Phone #

CR2E034 (10/00)