

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001742

1. Entity Name

TRAVELERS GROUP EXCHANGE, INC.

Principal Place of Business

57 PROSPECT STREET 2GSB
HARTFORD CT 06183
US

Mailing Address

57 PROSPECT STREET 2GSB
HARTFORD CT 06183
US

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

14-1778069

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME CUFFE, JOHN
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCEO ☐ Delete
NAME DAWKINS, P M
STREET ADDRESS 388 GREENWICH ST
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANTELLA, P.A.
STREET ADDRESS 388 GREENWICH ST
CITY-ST-ZIP NEW YORK NY 10013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME JONES, J I
STREET ADDRESS 300 ST PAUL PLACE
CITY-ST-ZIP BALTIMORE MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CARTER, J.J.
STREET ADDRESS 300 ST PAUL PLACE
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WRIGHT, E J
STREET ADDRESS 57 PROSPECT ST
CITY-ST-ZIP HARTFORD CT

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

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

04-10-2001 90042 037 ***150.00

524473



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)