


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001742 1. Entity Name TRAVELERS GROUP EXCHANGE, INC.	
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Principal Place of Business 57 PROSPECT STREET 26SB HARTFORD, CT 06183 US	Mailing Address 3300 ST PAUL PLACE BALTIMORE, MD 21202 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1778069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUFFE, JOHN ONE TOWER SQUARE HARTFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DAWKINS, P M 388 GREENWICH ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTELLA, P.A. 388 GREENWICH ST NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, J I 300 ST PAUL PLACE BALTIMORE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, J.J. 300 ST PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, E.J. ONE TOWER SQUARE HARTFORD, CT 06183

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John I. Jones, VP 1/19/05 410-332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #