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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90048 017 ***150.00

DOCUMENT # F95000003007

1. Corporation Name

TALCOTT CORPORATION

Principal Place of Business

100 PEARL STREET
16TH FLOOR
HARTFORD CT 06103
US

Mailing Address

100 PEARL STREET
16TH FLOOR
HARTFORD CT 06103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

06-1420553

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME NORTH, KEVIN A
STREET ADDRESS 14 ROSWELL RD
CITY-ST-ZIP WEST SIMSBURY CT

TITLE TVD ☐ DELETE
NAME TAGER, LES R.
STREET ADDRESS 17 PORTER DRIVE
CITY-ST-ZIP WEST HARTFORD CT

TITLE SVD ☐ DELETE
NAME KIMENKER, JAMES H
STREET ADDRESS 25 LINCOLN AVE
CITY-ST-ZIP WEST HARTFORD CT

TITLE V ☐ DELETE
NAME KANE, MARTIN P
STREET ADDRESS 52 ARNOLDALE ROAD
CITY-ST-ZIP WEST HARTFORD CT

TITLE V ☐ DELETE
NAME REYNOLDS, JOHN E
STREET ADDRESS 135 TEN ACRE RD
CITY-ST-ZIP NEW BRITAIN CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN A. NORTH
PRESIDENT

3/23/99

Date

860-293-6000

Daytime Phone #

CR2E034 (11/98)