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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001045 (1)**

1. Corporation Name

TRAVELERS/NET PLUS, INC.



Principal Place of Business ONE TOWER SQUARE - 3M HARTFORD CT 06183	Mailing Address ONE TOWER SQUARE - 3M HARTFORD CT 06183-0001
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3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report N/A
4. FEI Number 06-1446556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 One Tower Square - 3MS	2a. Mailing Address 26 One Tower Square-3MS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 Hartford, CT	27 City & State 28 Hartford, CT
24 Zip 06183	25 Country USA
29 Zip 06183	30 Country USA

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	500002100585
83	-02/28/97--01004--014
84 City	***173.75
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBP	1.1 TITLE	COB/P/CEO/D
NAME	STERN, HERBERT B	1.2 NAME	Stern, Herbert B.
STREET ADDRESS	352 BEACON ST.	1.3 STREET ADDRESS	352 Beacon St.
CITY-ST-ZIP	BOSTON MA 02116	1.4 CITY-ST-ZIP	Boston, MA 02116
TITLE	VD	2.1 TITLE	COO/D
NAME	ANZALONE, RONALD A	2.2 NAME	Glass, Jeffrey R.
STREET ADDRESS	10 CHESTNUT ST. APT. 2110	2.3 STREET ADDRESS	25 Regent Circle
CITY-ST-ZIP	EXETER NH 03833	2.4 CITY-ST-ZIP	Brookline, MA 02146
TITLE	D	3.1 TITLE	S
NAME	COOPER, DONALD R	3.2 NAME	Wilcox, William D.
STREET ADDRESS	E10 WOODFIELD DR.	3.3 STREET ADDRESS	268 Ridgewood Rd.
CITY-ST-ZIP	ASHVILLE NC 28803	3.4 CITY-ST-ZIP	W. Hartford, CT 06107-3511
TITLE	D	4.1 TITLE	T/CFO
NAME	DUGHI, ROBERT C	4.2 NAME	Berman, Michael L.
STREET ADDRESS	525 VALLEY RD	4.3 STREET ADDRESS	180 Beacon St.
CITY-ST-ZIP	WATCHUNG NJ 07080	4.4 CITY-ST-ZIP	Milton, MA 02186
TITLE	D	5.1 TITLE	VP/D
NAME	GEORGAKOPOULOS, ELIZABETH C	5.2 NAME	Georgakopoulos, Elizabeth C.
STREET ADDRESS	126 WATERSIDE LANE	5.3 STREET ADDRESS	126 Waterside Lane
CITY-ST-ZIP	WEST HARTFORD CT 06070	5.4 CITY-ST-ZIP	West Hartford, CT 06107
TITLE	D	6.1 TITLE	VP-Taxes
NAME	KOKULIS, GEORGE C	6.2 NAME	Ryan, George A.
STREET ADDRESS	6 OX YOKE DR	6.3 STREET ADDRESS	148 Wood Pond Rd.
CITY-ST-ZIP	SIMSBURY CT 06070	6.4 CITY-ST-ZIP	Farmington, CT 06032

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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.

SIGNATURE: William D. Wilcox REQUIRED 1/31/97 860-277-7083
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (9/96)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

AS

X ADDITION

**Rothery, Kyle A.
179 Deercliff Rd.**

Avon, CT 06001