

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000001045(1)
1. Corporation Name

Travelers/Net Plus, Inc.

Principal Place of Business
One Tower Sq. - 8MS
Hartford, CT 06183

Mailing Address
One Tower Sq. - 8MS
Hartford, CT 06183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1446556	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT 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
85	Zip Code

FL

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	COB/P/CEO/D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stern, Herbert B.	12 NAME	Kokulis, George C.
STREET ADDRESS	545 Salem St., 2nd Floor	13 STREET ADDRESS	One Tower Square - 7MS
CITY-ST-ZIP	Wakefield, MA 01880	14 CITY-ST-ZIP	Hartford, CT 06183
TITLE	D/COO <input type="checkbox"/> DELETE	21 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glass, Jeffrey R.	22 NAME	Flannery, Sharon M.
STREET ADDRESS	545 Salem St., 2nd Floor	23 STREET ADDRESS	One Tower Square - 8MS
CITY-ST-ZIP	Wakefield, MA 01880	24 CITY-ST-ZIP	Hartford, CT 06183
TITLE	D/V <input type="checkbox"/> DELETE	31 TITLE	T/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anzalone, Ronald A.	32 NAME	Berman, Michael L.
STREET ADDRESS	545 Salem St., 2nd Floor	33 STREET ADDRESS	545 Salem St., 2nd Floor
CITY-ST-ZIP	Wakefield, MA 01880	34 CITY-ST-ZIP	Wakefield, MA 01880
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cooper, Donald R.	42 NAME	Ryan, George A.
STREET ADDRESS	307 West 7th St., Ste. 400	43 STREET ADDRESS	One Tower Square - 5PB
CITY-ST-ZIP	Ft. Worth, TX 76102	44 CITY-ST-ZIP	Hartford, CT 06183
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dughi, Robert C.	52 NAME	Rothery, Kyle A.
STREET ADDRESS	Two Tower Center	53 STREET ADDRESS	One Tower Square - 6MS
CITY-ST-ZIP	East Brunswick, NJ 08816	54 CITY-ST-ZIP	Hartford, CT 06183
TITLE	D/V <input type="checkbox"/> DELETE	61 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth C. Georgakopoulos	62 NAME	D'Angelo, Dennis D.
STREET ADDRESS	One Tower Square - 6 MS	63 STREET ADDRESS	One Tower Square - 2MS
CITY-ST-ZIP	Hartford, CT 06183	64 CITY-ST-ZIP	Hartford, CT 06183

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98

860-277-5643

CR2E034 (10/97)