

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90136 009 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000001045**

1. Corporation Name  
**TRAVELERS/NET PLUS, INC.**



Principal Place of Business ONE TOWER SQUARE - 8MS HARTFORD CT 06183	Mailing Address ONE TOWER SQUARE - 8MS HARTFORD CT 06183
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/29/1996</b>	
4. FEI Number <b>06-1446556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCPD STERN, HERBERT B 545 SALEM ST., 2ND FLOOR WAKEFIELD MA 01880 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANZALONE, RONALD A 545 SALEM ST., 2ND FLOOR WAKEFIELD MA 01880 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, DONALD R 307 WEST 7TH ST., STE. 400 FT. WORTH TX 76102 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGHI, ROBERT C TWO TOWER CENTER EAST BRUNSWICK NJ 08816 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GEORGAKOPOULOS, ELIZABETH C ONE TOWER SQUARE - 6 MS HARTFORD CT 06183 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKULIS, GEORGE C ONE TOWER SQUARE - 7MS HARTFORD CT 06183 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D/CEO Ganakas, Gary E. 545 Salem St., 2nd Floor Wakefield, MA 01880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Anzalone, Ronald A. 545 Salem St., 2nd Floor Wakefield, MA 01880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Feinberg, Paul S. Two Tower Center East Brunswick, NJ 08816 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/COB Dughi, Robert C. Two Tower Center East Brunswick, NJ 08816 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SEE ATTACHED LIST FOR ADDITIONAL OFFICERS <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: X 4/13/99 860-277-2653  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ELIZABETH C. GEORGAKOPOULOS, VP** Date Daytime Phone #

CR2E034 (1/98)

F96000001045  
401148-90136-9

**Travelers Insurance**  
A Member of *Travelers Group*

Francine B. Ungaro  
Paralegal  
Legal Division - 8MS  
Telephone: (860) 277-4209  
Facsimile: (860) 277-0842

One Tower Square  
Hartford, CT 06183

April 15, 1999

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Travelers/Net Plus, Inc.  
Document #F96000001045

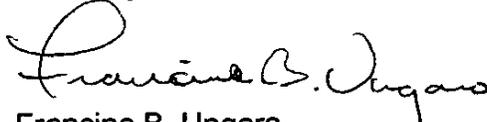
Dear Sir or Madam:

Enclosed please find the 1999 Annual Report for Travelers/Net Plus, Inc. Please provide a Certificate of Status, once this report has been filed.

We have enclosed a check in the amount of \$158.75, which includes the \$150.00 filing fee and \$8.75 for the Certificate of Status.

Should you have any questions, please contact me.

Sincerely,



Francine B. Ungaro  
Enclosures

F96000001045

401148-901369

Travelers/Net Plus, Inc.  
One Tower Square  
Hartford, CT 06183

Officers and Directors

Name	Title	Business Address	Expiration of Term
Gary E. Ganakas	Director, President and Chief Executive Officer	545 Salem Street, 2nd Floor, Wakefield, MA 01880	Perpetual
Jeffrey R. Glass	Chief Operating Officer	545 Salem Street, 2nd Floor, Wakefield, MA 01880	Perpetual
Ronald A. Anzalone	Vice President	545 Salem Street, 2nd Floor, Wakefield, MA 01880	Perpetual
Robert C. Dughi	Director and Chairman of the Board	Two Tower Center, East Brunswick, NJ 08816	Perpetual
Elizabeth C. Georgakopoulos	Director and Vice President	One Tower Square - 6 MS, Hartford, CT 06183	Perpetual
George C. Kokulis	Director	One Tower Square - 7 MS, Hartford, CT 06183	Perpetual
Paul S. Feinberg	Secretary	Two Tower Center, East Brunswick, NJ 08816	Perpetual
Michael L. Berman	Treasurer and Chief Financial Officer	545 Salem Street, 2nd Floor, Wakefield, MA 01880	Perpetual
George A. Ryan	Vice President - Taxes	One Tower Square - 5 PB, Hartford, CT 06183	Perpetual
Kyle A. Rothery	Assistant Secretary	One Tower Square - 6 MS, Hartford, CT 06183	Perpetual
Thomas P. Tooley	Assistant Secretary	One Tower Square - 5 MS, Hartford, CT 06183	Perpetual

04/12/99