

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

FILED

Apr 17 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 # **F96000005219 (8)**
1. Corporation Name
**TRAVELERS GROUP DIVERSIFIED DISTRIBUTION SERVICE
S, INC.**



| | |
|--|--|
| Principal Place of Business ONE TOWER SQUARE ATTN: G. THOMPSON 3MS HARTFORD CT 06183 | Mailing Address ONE TOWER SQUARE ATTN: G. THOMPSON 3MS HARTFORD CT 06183 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/09/1996 | |
| 21 | | 26 | | 4. FEI Number 06-1461680 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|---------------------------|
| 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 | 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 | PCD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAWKINS, PETER M | 1.2 NAME | |
| STREET ADDRESS | 388 GREENWICH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, KATHERINE M | 2.2 NAME | m.A. Carpenter |
| STREET ADDRESS | ONE TOWER SQUARE | 2.3 STREET ADDRESS | One Tower Square |
| CITY-ST-ZIP | HARTFORD CT | 2.4 CITY-ST-ZIP | Hartford, Ct. 06183 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, WILLIAM H | 3.2 NAME | J.I. Jones |
| STREET ADDRESS | ONE TOWER SQUARE | 3.3 STREET ADDRESS | 300 St. Paul Place |
| CITY-ST-ZIP | HARTFORD CT | 3.4 CITY-ST-ZIP | Baltimore, Md. 21202 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER JR, CHARLES W | 4.2 NAME | J.J. Cuffe |
| STREET ADDRESS | 440 NORTH POINT PKWY | 4.3 STREET ADDRESS | 388 Greenwich St. |
| CITY-ST-ZIP | ALPHARETTA GA | 4.4 CITY-ST-ZIP | New York, N.Y. 10013 |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLICK, JANET M | 5.2 NAME | J.J. Carter |
| STREET ADDRESS | 388 GREENWICH STREET | 5.3 STREET ADDRESS | 300 St. Paul Place |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | Baltimore, Md. 21202 |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LATOS, ERIC B | 6.2 NAME | P.A. Santella |
| STREET ADDRESS | 388 GREENWICH STREET | 6.3 STREET ADDRESS | 388 Greenwich St. |
| CITY-ST-ZIP | NEW YORK NY | 6.4 CITY-ST-ZIP | New York, N.Y. 10013 |

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.

CR2E034 (10/97)