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000136

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90056 041 \*\*\*150.00

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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

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

06-1461680

Applied For

Not 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 PCD ☐ DELETE

NAME DAWKINS, PETER M  
STREET ADDRESS 388 GREENWICH STREET  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME CARPENTER, M.A.  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE V ☐ DELETE

NAME JONES, J.I.  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE V ☐ DELETE

NAME CUFFES, J.J.  
STREET ADDRESS 388 GREENWICH STREET  
CITY-ST-ZIP NEW YORK NY 10013

TITLE T ☐ DELETE

NAME CARTER, J.J.  
STREET ADDRESS 300 ST PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE CFO ☐ DELETE

NAME SANTELLA, P.A.  
STREET ADDRESS 388 GREENWICH STREET  
CITY-ST-ZIP NEW YORK NY 10013

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John I. Jones

4/7/99 (410)

Date

Daytime Phone

332-3072

CR2E034 (11/98)