


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005219 1. Entity Name TRAVELERS GROUP DIVERSIFIED DISTRIBUTION SERVICES, INC.	
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Principal Place of Business ONE TOWER SQUARE HARTFORD, CT 06183	Mailing Address 300 ST. PAUL PL BALTIMORE, MD 21202
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1461680	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DAWKINS, PETER M 388 GREENWICH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, M.A. ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, J.I. 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUFFES, J.J. 388 GREENWICH STREET NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, J.J. 300 ST PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SANTELLA, P.A. 388 GREENWICH STREET NEW YORK, NY 10013

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John I. Jones, VP** **1/19/05** **410-332-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #