Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90050 034 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700003939

CIGNA FINANCIAL INSTITUTION SOLUTIONS, INC.

Principal Place of Business Mailing Address							
1601 CHESTNUT ST. 1601 CHESTNUT ST.							
STE TL13A STE TL13A PHILADELPHIA PA 19192 PHILADELPHIA PA 19192					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
PHILADELPHIA PA 19192 PHILADELPHIA PA 19192 US US					3. Date Incorporated or Qualifed		
Service of Market Company of the Com					07/28/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21 26						Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22 27					10.00	<del></del>	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23			Country		This corporation owes the current year Int		
24	25 29 3						
24	9. Name and Address of Current	<del></del>	<u> </u>		10. Name and Address of New Registered	Agent	
81 Name					ننر		
C T CORPORATION SYSTEM				Stroot Addr	ess (P.O. Box Number is Not Acceptable)	-	
1200 SOUTH PINE ISLAND ROAD			82	Street Addr	ess (F.O. Box (fulliber is flot Acceptable)		
PLANTATION FL 33324			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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		gnature require	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE '	DV	☐ DELETE	1.1 TITLE	1	,	Change Addition	
NAME	DUDA, DIANE		12 NAME		/ /		
STREET ADDRESS 1601 CHESTNUT ST 2 LIBERTY PLACE				1.3 STREET ADDRESS		<i>- 1</i>	
CITY-ST-ZIP	PHILADELPHIA PA 19192		1.4 CITY-ST-Z	ZIP .		☐ Change ☐ Addition	
TITLE	AS	☐ DELETE	2.1 TITLE		_		
NAME	SMITH, KIM M		2.2 NAME		·		
STREET ADDRESS	1601 CHESTNUT ST		2.3 STREET AL	- 1			
CITY-ST-ZIP	PHILA PA 19192  DP   DELETE		2.4 CITY-ST-3		Resident / Dileatek	☐ Change	
TITLE	DP	M perrie	3.1 MLE 3.2 NAME		RESIDENT DIRECTOR NALD L. WORNEIL #5 8300 Van Kalman, #5		
NAME	GLENN, CHRISTOPHER E			DDDEEC	COON NOW KARMEN #5	00	
STREET ADDRESS 6033 W. CENTURY BLVD. #1075 -CITY-ST-ZIP			3.3 STREET AL	MD	05 Angeles, CA 90045		
-City-St-Zip	D	DELETE	4.1 TITLE		I Par To R	Change Addition	
NAME	LEONARD, KEVIN S	, 4	4. 2 NAME	Yu	GOUTLEMEN	• •	
STREET ADDRESS: 6033 W. CENTURY BLVD. #1075			4.3 STREET A	DDRESS /	8300 VEN Karmen, #50	<i>o</i>	
CITY-ST-ZIP	LOS ANGELES CA 90045	•	4.4 CITY-ST-2	IP L	18300 VEN Karmen, #50 105 ANGELES, CA 90045		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	PALGUTT, WILLIAM		5.2 NAME		and the second of the second	, , , , , , , , ,	
STREET ADDRESS	l .		5.3 STREET A	DDRESS		The second second	
CITY-ST-ZIP	PHILADELPHIA PA 19192	;;····································	5.4 CITY-ST-2	IP P			

PHILADELPHIA PA 19192 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

40 mm

BERGSTEINSSON, PAUL

1601 CHESTNUT ST.

STREET ADDRESS

TITLE

NAME

6.3 STREET ADDRESS

Change

☐ Addition