

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P05032** (8)

1. Corporation Name  
**TRAVELERS EQUITIES SALES, INC.**

Principal Place of Business <b>ONE TOWER SQUARE C/O CORPORATE TAX 4PB HARTFORD CT 06183-1190 US</b>	Mailing Address <b>ONE TOWER SQUARE C/O CORPORATE TAX 4PB HARTFORD CT 06183-1190 US</b>
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3. Date Incorporated or Qualified <b>02/18/1985</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>06-0843577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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
9. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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 <b>FL</b>

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 of Registered Agent required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>EVANS, ROBERT E</b>
STREET ADDRESS	<b>192 LINCOLN DR</b>
CITY, ST, ZIP	<b>GLASTONBURY CT</b>
TITLE	<b>DP</b>
NAME	<b>GRAYSON, EUGENE</b>
STREET ADDRESS	<b>226 HANG DOG LANE</b>
CITY, ST, ZIP	<b>WETHERSFIELD CT</b>
TITLE	<b>CBOD</b>
NAME	<b>MCVAY, JOHN F</b>
STREET ADDRESS	<b>5 ELCY WAY</b>
CITY, ST, ZIP	<b>SIMSBURY CT</b>
TITLE	<b>T</b>
NAME	<b>YOUNG, MAUREEN</b>
STREET ADDRESS	<b>67 SULKY LANE</b>
CITY, ST, ZIP	<b>GLASTONBURY CT</b>
TITLE	<b>S</b>
NAME	<b>ROCKMORE, JULIE E</b>
STREET ADDRESS	<b>901 MOUNTAIN RD</b>
CITY, ST, ZIP	<b>BLOMFIELD CT</b>
TITLE	<b>V</b>
NAME	<b>RYAN, GEORGE A.</b>
STREET ADDRESS	<b>148 WOOD POND RD</b>
CITY, ST, ZIP	<b>FARMINGTON CT</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DP Gregory C. MacDonald</b>
23 STREET ADDRESS	<b>544 Pinewood Dr.</b>
24 CITY, ST, ZIP	<b>Longmeadow, MA</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>T William F. Sully</b>
43 STREET ADDRESS	<b>23 Hatheway</b>
44 CITY, ST, ZIP	<b>West Hartford, CT</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Ernest J. Wright</b>
53 STREET ADDRESS	<b>51 Drumlun Rd</b>
54 CITY, ST, ZIP	<b>Simsbury, CT</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this 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 unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/27/95