

**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**

93 FEB 28 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05469 (2)**

1. Corporation Name

**CIGNA REALTY RESOURCES, INC.-FIFTH**

Principal Place of Business

**900 COTTAGE GROVE ROAD  
S-215/INVESTMENT LAW  
BLOOMFIELD CT 06002**

Mailing Address

**900 COTTAGE GROVE ROAD  
S-215/INVESTMENT LAW  
BLOOMFIELD CT 06002**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/28/1985**

3a. Date of Last Report

**04/27/1994**

4. FEI Number

**06-1109282**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23**

City & State

**27**

**Hartford, CT**

Zip

Country

Zip

Country

**24**

**25**

**29**

**06152-2215**

**30**

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

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                  |
|-----------------|----------------------------------|
| TITLE           | <b>D</b>                         |
| NAME            | <b>ALBRO, ROBERT BRUCE</b>       |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |
| TITLE           | <b>PC</b>                        |
| NAME            | <b>CAREY, JOHN DAMIAN</b>        |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |
| TITLE           | <b>VPC</b>                       |
| NAME            | <b>BLODGETT, VERNE ELBRIDGE</b>  |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |
| TITLE           | <b>VPAS</b>                      |
| NAME            | <b>SPRINGHAM, JOSEPH WILLIAM</b> |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |
| TITLE           | <b>T</b>                         |
| NAME            | <b>MARCUS, GAIL BOXER</b>        |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |
| TITLE           | <b>S</b>                         |
| NAME            | <b>KOPP, DAVID C</b>             |
| STREET ADDRESS  | <b>900 COTTAGE GROVE ROAD</b>    |
| CITY - ST - ZIP | <b>BLOOMFIELD CT</b>             |

|                     |                                             |                                                                              |
|---------------------|---------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>D</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Albro, Robert Bruce</b>                  |                                                                              |
| 1.3 STREET ADDRESS  | <b>900 Cottage Grove Road</b>               |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Hartford, CT 06152</b>                   |                                                                              |
| 2.1 TITLE           | <b>PC</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>Carey, John Damian</b>                   |                                                                              |
| 2.3 STREET ADDRESS  | <b>900 Cottage Grove Road</b>               |                                                                              |
| 2.4 CITY - ST - ZIP | <b>Hartford, CT 06152</b>                   |                                                                              |
| 3.1 TITLE           | <b>VPC</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>Blodgett, Verne Elbridge</b>             |                                                                              |
| 3.3 STREET ADDRESS  | <b>900 Cottage Grove Road</b>               |                                                                              |
| 3.4 CITY - ST - ZIP | <b>Hartford, CT 06152</b>                   |                                                                              |
| 4.1 TITLE           | <b>VPAS</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>Springman, Joseph William</b>            |                                                                              |
| 4.3 STREET ADDRESS  | <b>900 Cottage Grove Road</b>               |                                                                              |
| 4.4 CITY - ST - ZIP | <b>Hartford, CT 06152</b>                   |                                                                              |
| 5.1 TITLE           | <b>T</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | <b>Blender, Marcy Finkel</b>                |                                                                              |
| 5.3 STREET ADDRESS  | <b>1601 Chestnut St., Two Liberty Place</b> |                                                                              |
| 5.4 CITY - ST - ZIP | <b>Philadelphia, PA 19192</b>               |                                                                              |
| 6.1 TITLE           | <b>S</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | <b>Kopp, David C.</b>                       |                                                                              |
| 6.3 STREET ADDRESS  | <b>900 Cottage Grove Road</b>               |                                                                              |
| 6.4 CITY - ST - ZIP | <b>Hartford, CT 06152</b>                   |                                                                              |

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David C. Kopp**

2/21/95

Date

(203) 726-5315

Daytime Phone #