FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-26-95

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

P34545-C

APPROVED AND FILED

95 APR 26 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06797 (5)

1. Corporation Name

ITT-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPA NY

Principal Place of Business	Mailing Address
HARTFORD PLAZA, TAX DIVISION HARTFORD CT 06115	HARTFORD PLAZA, TAX DIVISION HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1985	3a. Date of Last Report: 04/13/1994
4. FEI Number: 06-1120503	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LANCE, LARRY K.	1.2 NAME	
STREET ADDRESS	6 ELCY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WASHBURN, DAVID L	2.2 NAME	
STREET ADDRESS	67 STRATTON FORREST WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	RODIN, BARBARA	3.2 NAME	
STREET ADDRESS	102 CHANDLER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	CONFALONE, JOHN R	4.2 NAME	
STREET ADDRESS	7-4 KING ARTHURS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON CT	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, J. RICHARD	5.2 NAME	
STREET ADDRESS	26 MARY CATHERINE CRL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR CT	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	AS ☐ Change ☐ Addition
NAME	TEDESCO JR., JOSEPH W.	6.2 NAME	TEDESCO, JR., JOSEPH W.
STREET ADDRESS	1840 ASYLUM AVENUE	6.3 STREET ADDRESS	18 NEWBURY COURT
CITY-ST-ZIP	W. HARTFORD CT	6.4 CITY-ST-ZIP	SIMSBURY CT 06070

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 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.

SIGNATURE: _____ JOSEPH W. TEDESCO, JR. ASSISTANT SECRETARY AND DIRECTOR OF TAX ADMINISTRATION 4/18/95 (203)547-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000376 FF