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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/19/1985**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **06-1120503** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE	AS	☐ Change ☑ Addition
NAME	TEDESCO JR., JOSEPH W.		6.2 NAME	JAMES CUBANSKI	
STREET ADDRESS	18 NEWBURY CT		6.3 STREET ADDRESS	59 BIDWELL STREET	
CITY-ST-ZIP	SIMSBURY CT		6.4 CITY-ST-ZIP	GLASTONBURY CT 06033	

CR2E034 (12/95)

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

SIGNATURE: James Cubanski **JAMES CUBANSKI** 4/23/96 (860)547-3801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASSISTANT SECRETARY