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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: 04/26/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

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

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	P	☑ Change ☑ Addition
NAME	LANCE, LARRY K.		1.2 NAME	Welnicki, Raymond P.	
STREET ADDRESS	6 ELCY WAY		1.3 STREET ADDRESS	43 Pondview Drive	
CITY-ST-ZIP	SIMSBURY CT		1.4 CITY-ST-ZIP	Manchester, CT 06040	
TITLE	V	☑ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	WASHBURN, DAVID L		2.2 NAME	Aareau, Joseph H.	
STREET ADDRESS	67 STRATTON FORREST WAY		2.3 STREET ADDRESS	45 1/2 Chimney Sweep Hill	
CITY-ST-ZIP	SIMSBURY CT		2.4 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	V	☑ DELETE	3.1 TITLE	VP	☐ Change ☑ Addition
NAME	RODIN, BARBARA		3.2 NAME	Garret, J. Richard	
STREET ADDRESS	102 CHANDLER RD		3.3 STREET ADDRESS	26 Mary Catherine Circle	
CITY-ST-ZIP	WINDSOR CT		3.4 CITY-ST-ZIP	Windsor, CT 06095	
TITLE	V	☑ DELETE	4.1 TITLE	VP	☐ Change ☑ Addition
NAME	CONFALONE, JOHN R		4.2 NAME	Finnetti, John P.	
STREET ADDRESS	7-4 KING ARTHURS WAY		4.3 STREET ADDRESS	8 Brant Estate Dr.	
CITY-ST-ZIP	NEWINGTON CT		4.4 CITY-ST-ZIP	West Simsbury, CT 06092	
TITLE	T	☑ DELETE	5.1 TITLE	T	☐ Change ☑ Addition
NAME	GARRETT, J. RICHARD		5.2 NAME	Waggaman Donald E. JR.	
STREET ADDRESS	26 MARY CATHERINE CRL.		5.3 STREET ADDRESS	5 Saddle Ridge Dr	
CITY-ST-ZIP	WINDSOR CT		5.4 CITY-ST-ZIP	West Simsbury, CT 06092	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JAMES CABANSKI		6.2 NAME		
STREET ADDRESS	59 BIWELL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	GLASTONBURY CT		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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, or on an attachment with an address.

JAMES CUBANSKI
ASSISTANT SECRETARY

SIGNATURE: _____ (840) 548-3504