

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P06797**1. Entity Name
HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPAN
YPrincipal Place of Business
HARTFORD PLAZA
690 ASYLUM AVENUE
HARTFORD CT 06104Mailing Address
PO BOX 2999
HARTFORD CT 06104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
06-1120503

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD**PLANTATION FL 33324 US**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **PETER F. SOUZA****04/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **AS** ☐ Delete
NAME **TEDESCO JOSEPH**
STREET ADDRESS **18 NEWBURY CT**
CITY-ST-ZIP **SIMSBURY CT 06089**TITLE **VSG** ☒ Change ☐ Addition
NAME **REPASY CHRISTINE H**
STREET ADDRESS **200 HOPMEADOW ST**
CITY-ST-ZIP **SIMSBURY CT 06089**TITLE **VS** ☐ Delete
NAME **GODKIN LYNDA**
STREET ADDRESS **11 DUNCASTER WOOD RD.**
CITY-ST-ZIP **GRANBY CT 06022**TITLE **VT** ☒ Change ☐ Addition
NAME **FOY DAVID T**
STREET ADDRESS **200 HOPMEADOW ST**
CITY-ST-ZIP **SIMSBURY CT 06089**TITLE **V** ☐ Delete
NAME **ROBINSON MARY**
STREET ADDRESS **468 LOVELY ST**
CITY-ST-ZIP **AVON CT 060021**TITLE **PD** ☒ Change ☐ Addition
NAME **ZLATKUS LIZABETH H**
STREET ADDRESS **200 HOPMEADOW ST**
CITY-ST-ZIP **SIMSBURY CT 06089**TITLE **VT** ☐ Delete
NAME **BOYKO GREGORY A**
STREET ADDRESS **100 HARBOUR TOWN RD.**
CITY-ST-ZIP **COLLINSVILLE CT 06022**TITLE **AS** ☒ Change ☐ Addition
NAME **TEDESCO JOSEPH WJR**
STREET ADDRESS **HARTFORD PLAZA**
CITY-ST-ZIP **HARTFORD CT 06104**TITLE **VP** ☐ Delete
NAME **SCHILTZ TIMOTHY**
STREET ADDRESS **10 OLD KINGS ROAD**
CITY-ST-ZIP **AVON CT**TITLE **V** ☒ Change ☐ Addition
NAME **BOYKO GREGORY A**
STREET ADDRESS **200 HOPMEADOW ST**
CITY-ST-ZIP **SIMSBURY CT 06089**TITLE **PD** ☐ Delete
NAME **WELNICKI RAYMOND P**
STREET ADDRESS **43 PONDVIEW DR**
CITY-ST-ZIP **MANCHESTER CT**TITLE **V** ☒ Change ☐ Addition
NAME **WELNICKI RAYMOND P**
STREET ADDRESS **200 HOPMEADOW ST**
CITY-ST-ZIP **SIMSBURY CT 06089**

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRISTINE H REPASY****VSG 04/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**LOWNDES A. SMITH, DIRECTOR
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**THOMAS M. MARRA, DIRECTOR
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**DIANE E. TATELMAN, ASST SEC
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**DAWN M. CORMIER, ASST SEC
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**WILLIAM A. BIGHAM JR., ASST SEC
300 SOUTH STATE ST
PO BOX 4938
SYRACUSE, NY 13221**

**THOMAS A. KLEE, ASST CORP SEC
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**BRIAN S. BECKER, ASST CORP SEC
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**RICHARD R. MOUREY, ASST VP
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**RAYMOND J. MARRA, ASST VP
200 HOPMEADOW ST**

SIMSBURY, CT 06089

**FREDERICK R. JEANS JR., ASST VP
200 HOPMEADOW ST**

SIMSBURY, CT 06089

STEPHEN F. HEINECK, ASST VP
200 HOPMEADOW ST

SIMSBURY, CT 06089

DAVID A. CARLSON, VICE PRESIDENT
200 HOPMEADOW ST

SIMSBURY, CT 06089

DAVID G. BEDARD, VICE PRESIDENT
200 HOPMEADOW ST

SIMSBURY,CT 06089

DONG H. AHN, VICE PRESIDENT
200 HOPMEADOW ST

SIMSBURY, CT 06089