2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P06797

Entity Name: HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY

Current Principal Place of Business:

200 HOPMEADOW STREET
SIMSBURY, CT 06089

New Principal Place of Business:

Current Mailing Address:

200 HOPMEADOW STREET
SIMSBURY, CT 06089

New Mailing Address:

FEI Number: 06-1120503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZLATKUS, LIZABETH H
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: V ( ) Delete
Name: BOYKO, GREGORY A
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: T ( ) Delete
Name: FOY, DAVID T
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089 US

Title: S ( ) Delete
Name: REPASY, CHRISTINE H
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: D ( ) Delete
Name: MARRA, THOMAS M
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: D ( ) Delete
Name: ZLATKUS, LIZABETH H
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: ZLATKUS, LIZABETH H
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: P (X) Change ( ) Addition
Name: MUCCI, RICHARD L
Address: 200 HOPMEADOW ST
City-St-Zip: SIMSBURY, CT 06089 US

Title: T (X) Change ( ) Addition
Name: GIAMALIS, JOHN N
Address: HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06115 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE HAYER REPASY S 01/08/2004

Electronic Signature of Signing Officer or Director Date