

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P12017 (0)
1. Corporation Name
CM ADVANTAGE, INC.



Principal Place of Business Mailing Address
140 GARDEN STREET HARTFORD CT 06154
140 GARDEN STREET ms 264 HARTFORD CT 06154

3. Date Incorporated or Qualified 11/04/1986
3a. Date of Last Report 05/01/1995
4. FEI Number 06-1105677 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

21. Principal Place of Business Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Country
26. Mailing Address Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Country

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 firm, if applicable. (Date of Registered Agent's signature is required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PHELAN, DONALD J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 GARDEN ST	1.2 NAME	
STREET ADDRESS	HARTFORD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S LOMELI, ANN F.	2.1 TITLE	
NAME	140 GARDEN STREET	2.2 NAME	
STREET ADDRESS	HARTFORD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T REHM, WILLIAM D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 GARDEN ST	3.2 NAME	
STREET ADDRESS	HARTFORD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V STENMAN, CARL F.	4.1 TITLE	
NAME	140 GARDEN STREET	4.2 NAME	
STREET ADDRESS	HARTFORD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D POND, DONALD H. JR.	5.1 TITLE	
NAME	140 GARDEN STREET	5.2 NAME	
STREET ADDRESS	HARTFORD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MARTIN, RODNEY O.	6.1 TITLE	
NAME	140 GARDEN STREET	6.2 NAME	
STREET ADDRESS	HARTFORD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address.

SIGNATURE: Ann F. Lomeli 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)