

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12017 (0)
1. Corporation Name
CM ADVANTAGE, INC.



Principal Place of Business 140 GARDEN STREET HARTFORD CT 06154	Mailing Address 140 GARDEN STREET HARTFORD CT 06154-0001
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/04/1986	3a. Date of Last Report 06/05/1996
4. FET Number 06-1105677		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL	
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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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	(See attached Schedule of Directors and Officers)
NAME	PHELAN, DONALD J	12 NAME	
STREET ADDRESS	140 GARDEN ST	13 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	14 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMELI, ANN F.	2.2 NAME	
STREET ADDRESS	140 GARDEN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHM, WILLIAM D	3.2 NAME	
STREET ADDRESS	140 GARDEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENMAN, CARL F.	4.2 NAME	
STREET ADDRESS	140 GARDEN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POND, DONALD H. JR.	5.2 NAME	
STREET ADDRESS	140 GARDEN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RODNEY O.	6.2 NAME	
STREET ADDRESS	140 GARDEN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ann F. Lomeli* 4/21/97 4/13/244-5373

CR2E034 (9/96)

CORNERSTONE REAL ESTATE ADVISERS, INC.

Directors:

Gary E. Wendlandt, Chairman
Susan A. Alfano
Lawrence V. Burkett, Jr.
Alan M. Connor
John B. Davies
Daniel J. Fitzgerald
Kenneth L. Hargreaves
Isadore Jermyn

Officers:

Alan M. Connor	President and Chief Executive Officer
David J. Reilly	Executive Vice President
Ann Iseley	Treasurer
Thomas J. Finnegan, Jr.	Clerk/Secretary (and Resident Agent, MA)

The mailing address for all of the above except Messrs. Connor and Reilly is as follows:

1295 State Street
Springfield, MA 01111

The mailing address for Messrs. Connor and Reilly is as follows:

1 Financial Plaza
Suite 1700
Hartford, CT 06103-2603

01/01/97