

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12017 (0)**

1. Corporation Name  
**CM ADVANTAGE, INC.**



Principal Place of Business <b>140 GARDEN STREET                  HARTFORD CT 06154</b>	Mailing Address <b>140 GARDEN STREET                  HARTFORD CT 06154-0001</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>11/04/1986</b>	3a. Date of Last Report <b>06/05/1996</b>	4. FEI Number <b>06-1105677</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. 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 <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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: \_\_\_\_\_ (NOTE - Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	(See attached Schedule of Directors and Officers) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PHELAN, DONALD J</b>	12 NAME		
STREET ADDRESS	<b>140 GARDEN ST</b>	13 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	14 CITY-ST-ZIP		
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMELI, ANN F.</b>	2.2 NAME		
STREET ADDRESS	<b>140 GARDEN STREET</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	2.4 CITY-ST-ZIP		
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REHM, WILLIAM D</b>	3.2 NAME		
STREET ADDRESS	<b>140 GARDEN ST</b>	3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	3.4 CITY-ST-ZIP		
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STENMAN, CARL F.</b>	4.2 NAME		
STREET ADDRESS	<b>140 GARDEN STREET</b>	4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	4.4 CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POND, DONALD H. JR.</b>	5.2 NAME		
STREET ADDRESS	<b>140 GARDEN STREET</b>	5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	5.4 CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN, RODNEY O.</b>	6.2 NAME		
STREET ADDRESS	<b>140 GARDEN STREET</b>	6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HARTFORD CT</b>	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* 4/21/97 413/744-5373

CR2E034 (9/96)

## CORNERSTONE REAL ESTATE ADVISERS, INC.

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### 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