

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12017
 1. Corporation Name
CM ADVANTAGE, Inc.

Principal Place of Business _____ Mailing Address _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Financial Plaza Suite, Apt #, etc. 22 Suite 1700 City & State 23 Hartford, CT Zip Country 24 06103 25 U.S.A.		2a. Mailing Address 26 B040 Suite, Apt #, etc. 27 1295 State Street City & State 28 Springfield, MA Zip Country 29 01111 30 U.S.A.		3. Date Incorporated or Qualified 11/04/1986		4. FEI Number 06-1105677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FL 85 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	<input type="checkbox"/> DELETE	11 TITLE	(See attached Schedule of <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Directors and Officers)
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****150.00**

14. 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 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 attached mail with an address.

SIGNATURE: *Ann F. Someli* **April 28, 1998** **413/744-2993**

CR2E034 (10/97)

Fig 2

CM Advantage, Inc.

Directors:

- Lawrence V. Burkett, Jr. (M)
- Alan M. Connor (C)
- Kenneth L. Hargreaves (M)
- Margaret Sperry (M)
- Gary E. Wendlandt (M)

Officers:

- | | |
|-------------------------|---------------------|
| Alan M. Connor (C) | President |
| David G. Lauretti (M) | Vice President |
| Donald J. Phelan (M) | Vice President |
| Carl F. Stenman (C) | Vice President |
| Edward M. Kline (M) | Treasurer |
| Raymond W. Anderson (M) | Assistant Treasurer |
| Alan L. Blais (M) | Assistant Treasurer |
| Nathan L. Foss (C) | Assistant Treasurer |
| Bruce C. Frisbie (M) | Assistant Treasurer |
| Ann F. Lomeli (M) | Secretary |
| Andrew C. Williams (C) | Assistant Secretary |

(C) - Business address is as follows:

1 Financial Plaza
Suite 1700
Hartford, CT 06103-2603

(M) - Business address is as follows:

1295 State Street
Springfield, MA 01111
