

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90183 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P12017**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**ONE FINANCIAL PLAZA STE 1700  
 HARTFORD CT 06103**

Mailing Address  
**8040  
 1295 STATE STREET  
 SPRINGFIELD MA 01111**

3. Date Incorporated or Qualified  
**11/04/1986**

4. FEI Number  
**06-1105677**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country 29 Zip 30 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 28 City & State

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CONNOR, ALAN M.</b>	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA STE 1700</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARL F STENMAN</b>	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA STE 1700</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> DELETE
NAME	<b>NATHAN L FOSS</b>	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA STE 1700</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW C WILLIAMS</b>	
STREET ADDRESS	<b>ONE FINANCIAL PLAZA STE 1700</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ANN F LOMELI</b>	
STREET ADDRESS	<b>1295 STATE STREET</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MA 01111</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>ALAN L BLAIS</b>	
STREET ADDRESS	<b>1295 STATE STREET</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MA 01111</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Kline, Edward M.</b>	
1.3 STREET ADDRESS	<b>1295 State Street</b>	
1.4 CITY-ST-ZIP	<b>Springfield, MA 01111</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Lawrence V. Burkett, Jr.</b>	
2.3 STREET ADDRESS	<b>1295 State Street</b>	
2.4 CITY-ST-ZIP	<b>Springfield, MA 01111</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kenneth L. Hargreaves</b>	
3.3 STREET ADDRESS	<b>1295 State Street</b>	
3.4 CITY-ST-ZIP	<b>Springfield, MA 01111</b>	
4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Margaret Sperry</b>	
4.3 STREET ADDRESS	<b>1295 State Street</b>	
4.4 CITY-ST-ZIP	<b>Springfield, MA 01111</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *Ann F. Lomeli* **ANN F. LOMELI** **REQUIRED**

04/08/99

413/744-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)