

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

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.**

Principal Place of Business

**ONE FINANCIAL PLAZA STE 1700  
HARTFORD CT 06103**

Mailing Address

**8040  
1295 STATE STREET  
SPRINGFIELD MA 01111**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**11/04/1986**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE

NAME **CONNOR, ALAN M.**  
STREET ADDRESS **ONE FINANCIAL PLAZA STE 1700**  
CITY-ST-ZIP **HARTFORD CT 06103**

TITLE **V** ☒ DELETE

NAME **CARL F STENMAN**  
STREET ADDRESS **ONE FINANCIAL PLAZA STE 1700**  
CITY-ST-ZIP **HARTFORD CT 06103**

TITLE **AST** ☐ DELETE

NAME **NATHAN L FOSS**  
STREET ADDRESS **ONE FINANCIAL PLAZA STE 1700**  
CITY-ST-ZIP **HARTFORD CT 06103**

TITLE **AS** ☐ DELETE

NAME **ANDREW C WILLIAMS**  
STREET ADDRESS **ONE FINANCIAL PLAZA STE 1700**  
CITY-ST-ZIP **HARTFORD CT 06103**

TITLE **S** ☐ DELETE

NAME **ANN F LOMELI**  
STREET ADDRESS **1295 STATE STREET**  
CITY-ST-ZIP **SPRINGFIELD MA 01111**

TITLE **AT** ☐ DELETE

NAME **ALAN L BLAIS**  
STREET ADDRESS **1295 STATE STREET**  
CITY-ST-ZIP **SPRINGFIELD MA 01111**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer** ☐ Change ☒ Addition

1.2 NAME **Kline, Edward M.**  
1.3 STREET ADDRESS **1295 State Street**  
1.4 CITY-ST-ZIP **Springfield, MA 01111**

2.1 TITLE **Director** ☐ Change ☒ Addition

2.2 NAME **Lawrence V. Burkett, Jr.**  
2.3 STREET ADDRESS **1295 State Street**  
2.4 CITY-ST-ZIP **Springfield, MA 01111**

3.1 TITLE **Director** ☐ Change ☒ Addition

3.2 NAME **Kenneth L. Hargreaves**  
3.3 STREET ADDRESS **1295 State Street**  
3.4 CITY-ST-ZIP **Springfield, MA 01111**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **Margaret Sperry**  
4.3 STREET ADDRESS **1295 State Street**  
4.4 CITY-ST-ZIP **Springfield, MA 01111**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/99

413/744-5373

Date

Daytime Phone #

CR2E034 (11/98)

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

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



DO NOT WRITE IN THIS SPACE