

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16360 (0)

1. Corporation Name

CIGNA REALTY RESOURCES, INC. - TENTH

Principal Place of Business

900 COTTAGE GROVE ROAD
S-215, INVESTMENT LAW
BLOOMFIELD CT 06002

Mailing Address

900 COTTAGE GROVE ROAD
S-215, INVESTMENT LAW
BLOOMFIELD CT 06002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1987

3a. Date of Last Report

04/27/1994

4. FBI Number

06-1151982

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

06152-2215

30

Hartford, CT

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 the filer, if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE VPC
NAME BLODGETT, VERN E.
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1. TITLE P
NAME ANDREWS, ROBERT J.
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1. TITLE VPC
NAME BLODGETT, VERNE ELBRIDGE
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1. TITLE VPAS
NAME SPRINGMAN, JOSEPH WILLIAM
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1. TITLE S
NAME KOPP, DAVID C.
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1. TITLE D
NAME WARD, PHILIP JOHN
STREET ADDRESS 900 COTTAGE GROVE RD
CITY, ST, ZIP BLOOMFIELD CT

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Albrow, R. Bruce
1.3 STREET ADDRESS 900 Cottage Grove Rd
1.4 CITY-ST-ZIP Hartford, CT 06152

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Carey, John D.
2.3 STREET ADDRESS 900 Cottage Grove Rd
2.4 CITY-ST-ZIP Hartford, CT 06152

3.1 TITLE VPC ☒ Change ☐ Addition
3.2 NAME Blodgett, Verne E.
3.3 STREET ADDRESS 900 Cottage Grove Rd
3.4 CITY-ST-ZIP Hartford, CT 06152

4.1 TITLE VPAS ☒ Change ☐ Addition
4.2 NAME Springman, Joseph W.
4.3 STREET ADDRESS 900 Cottage Grove Rd
4.4 CITY-ST-ZIP Hartford, CT 06152

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME Kopp, David C.
5.3 STREET ADDRESS 900 Cottage Grove Rd
5.4 CITY-ST-ZIP Hartford, CT 06152

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Blender, Marcy F.
6.3 STREET ADDRESS 900 Cottage Grove Rd
6.4 CITY-ST-ZIP Hartford, CT 06152

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

David C. Kopp

2/21/95

(203) 726-5315