

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

FILED

**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P17018 (3)

1. Corporation Name
AETNA/AREA CORPORATION



Principal Place of Business 151 FARMINGTON AVE-YFHA HARTFORD CT 06156 US	Mailing Address 151 FARMINGTON AVE-YFHA HARTFORD CT 06156-0001 US
--	---

2. Principal Place of Business 21 151 Farmington Ave. Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 151 Farmington Ave. Suite, Apt. #, etc. 27 RE 51 City & State 28 Zip 29 06156-9154 30 Country
---	---

3. Date Incorporated or Qualified 12/02/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 06-1133902	Applied For 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 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

**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HENAULT, RICHARD R	
STREET ADDRESS	6 RAYLO COURT	
CITY-ST-ZIP	CHICOPEE MA 01013	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DIMOCK, RODNEY C.	
STREET ADDRESS	18 MEADOW CROSSING	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FARLAND, LEE M	
STREET ADDRESS	464 NORWICH ROAD	
CITY-ST-ZIP	PLAINFIELD CT 06078	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEARY, DANIEL R.	
STREET ADDRESS	31 LONGVIEW DRIVE	
CITY-ST-ZIP	SUFFIELD CT 06078	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FISHMAN, JAMES M	
STREET ADDRESS	5 MANOR LANE	
CITY-ST-ZIP	W HARTFORD CT 06107	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAKILLE, ANN M	
STREET ADDRESS	102 BARNES HILL RD	
CITY-ST-ZIP	BURLINGTON CT 06013	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KUTA, CAROL M.	
1.3 STREET ADDRESS	4 OXFORD DRIVE	
1.4 CITY-ST-ZIP	SUFFIELD, CT 06078	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYNCH, MATTHEW H.	
2.3 STREET ADDRESS	682 FERN STREET	
2.4 CITY-ST-ZIP	WEST HARTFORD, CT 06107	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOVEY, CHRISTINE M.	
3.3 STREET ADDRESS	598 EAST STREET	
3.4 CITY-ST-ZIP	HEBRON, CT 06248	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 *[Signature]* DATE **4.9.97**

CR2E034 (9/96)