


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90062 029 ***150.00

DOCUMENT # P17261 1. Entity Name THE TRAVELERS ASSET FUNDING CORPORATION					
Principal Place of Business ONE TOWER SQUARE HARTFORD, CT 06183 US			Mailing Address ONE TOWER SQ., C/O CORP. TAX 5PB HARTFORD, CT 06183 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1216878	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, WILLIAM H ONE TOWER SQUARE HARTFORD, CT <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITT, JOHN R. ONE TOWER SQUARE HARTFORD, CT <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, GEORGE A. ONE TOWER SQUARE HARTFORD, CT <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERLAIN, CHARLES B ONE TOWER SQUARE HARTFORD, CT <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSELL, DOUGLAS K ONT TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, DOUGLAS K. ONE TOWER SQUARE HARTFORD, CT 06183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUFFY, EDWARD R. ONE TOWER SQUARE HARTFORD, CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Maryellen Prudhomme SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/17/04 Daytime Phone # 860-277-0899		

*Attachment 84025972
P17261*

STATE OF FLORIDA
2004 FOR PROFIT CORPORATION ANNUAL REPORT
THE TRAVELERS ASSET FUNDING CORPORATION

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (continued)

Title	S
Name	EDDY, PAUL H
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	S
Name	PRUDHOMME, MARYELLEN
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	V
Name	GRAFF, GUY
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	V
Name	STITES, STEPHEN A
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	O
Name	FLEMING, DAVID P
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183

Title	O
Name	SUTERA, DAVID D
Street Address	ONE TOWER SQUARE
City-St-Zip	HARTFORD CT 06183