2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P26554 May 17, 2000 8:00 am Secretary of State CIGNA BEHAVIORAL HEALTH, INC. 05-17-2000 90942 044 ***150.00 Principal Place of Business Mailing Address 11095 VIKING DRIVE, SUITE 350 11095 VIKING DRIVE. SUITE 350 EDEN PRAIRIE MN 55344-7234 **EDEN PRAIRIE MN 55344** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 41-1648670 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Change 🖾 Delete P/D ☐ Addition TITLE NAME NAME POTTERTON, DANIEL J Dixon, Keith A. STREET ADDRESS 11095 VIKING DRIVE, SUITE 350 STREET ADDRESS 11095 Viking Drive, Suite 350 CITY-ST-ZIP CITY-ST-ZIP **EDEN PRAIRIE MN 55344** <u>Eden Prairie, MN 55344</u> X) Change ☐ Addition TITLE Delete DAVID C KOPP NAME NAME Susan L. Cooper STREET ADDRESS STREET ADDRESS 900 COTTAGE GROVE ROAD 900 Cottage Grove Road CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** Bloomfield, CT 06152 T Change ☐ Addition TITLE -----X Delete TITI F NAME NAME STEPHEN C STACHELEK Thai, Bach Mai T. STREET ADDRESS STREET ADDRESS 900 COTTAGE GRIVE ROAD 900 Cottage Grove Road -CITY-ST-7IP CITY-ST-ZIP **BLOOMFIELD CT 06152** Bloomfield, CT D/CH TITLE Change ☐ Addition Delete TITLE NAME NAME DOUGLAS E KLINGER STREET ADDRESS STREET ADDRESS 900 COTTAGE GRIVE ROAD CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** X Delete [X] Change ☐ Addition TITLE TITLE Miller, Bradley K. NAME ROBERT J HUGHS NAME STREET ADDRESS STREET ADDRESS 900 Cottage Grove Road 900 COTTAGE GRIVE ROAD CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD CT 06152** <u>Bloomfield, CT 06152</u>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

X Delete

SIGNATURE: ASSIST

11095 VIKING DRIVE, SUITE 350

STANDLEY H HOCH, III

EDEN PRAIRIE MN 55344

TITLE

STREET ADDRESS

CITY-ST-ZIP

Assistant Secretary

4/24/00

55344

Meyer, Zachary J.

Eden Prairie, MN

11095 Viking Drive #350

952/996-2518

Daytime Phone #

T Change

☐ Addition

CR2E034 (9/99)