2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90198 038 ***150.00

000783 08 AI

DOCUMENT # P26554

1. Entity Name
CIGNA BEHAVIORAL HEALTH, INC.

Principal Place of Business	Mailing Address
11095 VIKING DRIVE. SUITE 350 EDEN PRAIRIE MN 55344 US	11095 VIKING DRIVE. SUITE 350 EDEN PRAIRIE MN 55344 US

DO NOT WRITE IN THIS SPACE

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 41-1648670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DIXON, KEITH A 11095 VIKING DRIVE., STE 350 EDEN PRAIRIE MN 55344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOPER, SUSAN L 900 COTTAGE GROVE RD BLOOMFIELD CT 06152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PORCELLO, DAVID 900 COTTAGE GROVE ROAD BLOOMFIELD CT 06152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CH DOUGLAS E KLINGER 900 COTTAGE GRIVE ROAD BLOOMFIELD CT 06152	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RANDY ODZER 11095 VikingDrive Eden Prairie MN 55344 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, BRADLEY K 900 COTTAGE GROVE RD BLOOMFIELD CT 06152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Carter 11095 Viking Drive Eden Prairie MN 55344 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MEYER, ZACHARY J 11095 VIKING DRIVE, 350 EDEN PRAIRIE MN 55344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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.

SIGNATURE: X SIGNATURE REQUIRED May April 6, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #