

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36885** (2)

1. Corporation Name
THE TRAVELERS PLAN ADMINISTRATORS, INC.



Principal Place of Business: **ONE TOWER SQUARE 1SHS HARTFORD CT 06183 US**
Mailing Address: **ONE TOWER SQUARE 1SHS HARTFORD CT 06183 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **12/30/1991**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **06-1151127**
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

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; 85 Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	<input checked="" type="checkbox"/> DELETE	1. TITLE
NAME	BELTRAMELLO, MARIA		1.2 NAME
STREET ADDRESS	ONE TOWER SQUARE		1.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD CT		1.4 CITY-STATE-ZIP
TITLE	S	<input checked="" type="checkbox"/> DELETE	2. TITLE
NAME	MICHENER, JAMES M		2.2 NAME
STREET ADDRESS	1 TOWER SQUARE		2.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD CT		2.4 CITY-STATE-ZIP
TITLE	PD	<input type="checkbox"/> DELETE	3. TITLE
NAME	WILLCOX, STEPHEN		3.2 NAME
STREET ADDRESS	1 TOWER SQ		3.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD CT		3.4 CITY-STATE-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	4. TITLE
NAME	BURKE, TERENCE		4.2 NAME
STREET ADDRESS	1 TOWER SQUARE		4.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD CT		4.4 CITY-STATE-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5. TITLE
NAME	MARCUS, GAIL B		5.2 NAME
STREET ADDRESS	1 TOWER SQUARE		5.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD T		5.4 CITY-STATE-ZIP
TITLE	D	<input type="checkbox"/> DELETE	6. TITLE
NAME	GERSON, ELLIOT F		6.2 NAME
STREET ADDRESS	1 TOWER SQUARE		6.3 STREET ADDRESS
CITY-STATE-ZIP	HARTFORD CT 06183		6.4 CITY-STATE-ZIP

V.P. and Treasurer Change Addition
David P. Koppe
9900 Bren Road East
Minnetonka, Minnesota 55343
Secretary Change Addition
Brigid M. Spicola
9900 Bren Road East
Minnetonka, Minnesota 55343
Director, Exec. V.P. Change Addition
Travers H. Wills
9900 Bren Road East; #200
Minnetonka, Minnesota 55343
Exec. V.P. and Director Change Addition
Elliot F. Gerson
9900 Bren Road East; #300
Minnetonka, Minnesota 55343

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***225.00
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13.4 changed, or on an attachment with an address.

SIGNATURE: *Brigid M. Spicola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brigid M. Spicola, Secretary

3/25/96 (612) 936-1709

CR2E034 (12/95)