

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90004 034 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000002123** ✓  
 1. Corporation Name  
**PHOENIX GROUP SERVICES, INC.**



Principal Place of Business 100 BRIGHT MEADOW BLVD. ENFIELD CT 06082-1900	Mailing Address 100 BRIGHT MEADOW BLVD. ENFIELD CT 06082-1900
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	23 City & State	28 City & State	24 Zip	25 Country	29 Zip	30 Country
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3. Date Incorporated or Qualified <b>04/22/1997</b>	
4. FEI Number <b>06-1435452</b>	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 CT CORPORATION SYSTEM DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOCH, SUZANNE M	
STREET ADDRESS	100 BRIGHT MEADOW BLVD.	
CITY-ST-ZIP	ENFIELD CT 06083-1900	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GIANGIULIO, RANDALL	
STREET ADDRESS	100 BRIGHT MEADOW BLVD.	
CITY-ST-ZIP	ENFIELD CT 06082-1900	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PETITE, MARY C	
STREET ADDRESS	100 BRIGHT MEADOW BLVD.	
CITY-ST-ZIP	ENFIELD CT 06083-1900	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	SEARFOSS, DAVID W	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06115	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ENGBERG, NANCY J	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102-5056	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUMMINGS, RAYMOND E	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102-5056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 REQUIRED 9/9/99 1-860-403-1045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)