

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90028 048 \*\*\*150.00

0620619 AT

**DOCUMENT # F01000003267**  
 1. Entity Name  
**VACATION.COM, INC.**

Principal Place of Business      Mailing Address  
**1450 KING STREET, SUITE 450**      **1450 KING STREET, SUITE 450**  
**ALEXANDRIA VA 22314**      **ALEXANDRIA VA 22314**

2. Principal Place of Business      3. Mailing Address  
**1650 KING STREET**      **1650 KING STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 450**      **SUITE 450**

City & State      City & State  
**ALEXANDRIA, VA**      **ALEXANDRIA, VA**

Zip      Country      Zip      Country  
**22314**      **USA**      **22314**      **USA**

4. FEI Number      Applied For  
**11-3114122**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.  
 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	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete
NAME <b>MCKINNON, R. ANTHONY</b>	
STREET ADDRESS <b>4044 DRUID LANE</b>	
CITY-ST-ZIP <b>DALLAS TX 75205</b>	
TITLE <b>VT</b>	<input type="checkbox"/> Delete
NAME <b>KAHN, LAWRENCE R</b>	
STREET ADDRESS <b>12101 PEACH WAY</b>	
CITY-ST-ZIP <b>POTOMOC MD 20854</b>	
TITLE <b>PCOO</b>	<input type="checkbox"/> Delete
NAME <b>KNOTD, RICHARD C</b>	
STREET ADDRESS <b>10205 WOODVALE POND DRIVE</b>	
CITY-ST-ZIP <b>FAIRFAX STATION VA 22039</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>LOPEZ, EDNA W</b>	
STREET ADDRESS <b>8910 S.W. 97TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33176</b>	
TITLE <b>E</b>	<input checked="" type="checkbox"/> Delete
NAME <b>TAZON, JOSE A</b>	
STREET ADDRESS <b>1450 KING STREET, SUITE 450</b>	
CITY-ST-ZIP <b>ALEXANDRIA VA 22314</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>CEO/PT. COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>DIRECTOR</b>	
CITY-ST-ZIP <b>DAVID V. JONES</b>	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>SALVADOR de MADARIAGA 1, E-28027</b>
	<b>MADRID, SPAIN</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Edna W. Lopez* **SECRETARY**      3-27-02      305-499-6717  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      EDNA W. LOPEZ      SECRETARY      Daytime Phone #

CR2E034 (9/01)