## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## FILED Jun 03, 2004 8:00 am Secretary of State

DOCUMENT # F01000003267						Secretary of State				
1. Entity Name and appropriate with the VACATION.COM, INC.						V 166 1 * 3	06-03-2004	1 90004 (	)03 ***15	50.00
Principal Plac	e of Business									
Principal Place of Business Mailing Address  1650 KING ST, SUITE 450 ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314										
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2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03192003	Chg-P	CR2E0	34 (10/03)	
City & State		City & State				4. FEI Numb 11-311				plied For at Applicable
Zip	Country	Zip	Count	ry _ ·	_	5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CORROBATION OF DAMPANY				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			ĺ	Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301-2325										
				City	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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable - (NOTE	: Registered	I Agent signatur	re required	when reinstating)		DATE		
٠			**************************************				•			
FILE NOWIII, FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finan Trust Fund Contribution.					<b>\$5.</b> 0 Adde	00 May Be ed to Fees	In accordance v corporation did	with s. 607. not receive	.193(2)(b), the prior r	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.				CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	D	Delete	TITLE NAME		DIRE	CTOR	۶ <del>7</del>		☐ Change	Addition
NAME STREET ADDRESS				T ADDRESS	5410	5.0.97	ETERRACE.			
CITY-ST-ZIP	•			ST-ZIP	MIAI	41, FL 33	1176			
TITLE	VT	☐ Delete	TITLE			•		·	Change	Addition
NAME	ELLIOTT, BRENDA			1	310	HOLME	S RUN ROAD			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	FAU	S CHURC	H, VA 2204	12		
TITLE	P ;	☐ Delete	TITLE		• • • • • • • • • • • • • • • • • • • •				Change	Addition
NAME	KNODT, RÎCHARD C		NAME	1						
STREET ADDRESS CITY-ST-ZIP	10205 WOODVALE POND DRIVE FAIRFAX STATION, VA 22039			ST-ZIP						
TITLE	S	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	LOPEZ, EDNA W	C Delete	NAME						Change	L.) Addition
STREET ADDRESS	8910 S.W. 97TH TERRACE		STREE	ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33176		CITY-	ST-ZIP						
TITLE	D IONES DAVIDA	☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS	JONES, DAVID V S SALVADOR DE MADARIAGA 1, E 28027			T ADDRESS						
			ST-ZIP							
TITLE		☐ Defete	TITLE				<del> </del>		Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP	'			ET ADDRESS ST-ZIP						
	Exertify that the information supplied with	this filing does not qualify for			ed in Ser	ction 119 07(3)	(i) Florida Statutes	I further cert	tify that the in	nformation
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										