

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000023

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: TRAVELZOO INC.

**Current Principal Place of Business:**

590 MADISON AVE., 21ST FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

800 W. EL CAMINO REAL  
180  
MOUNTAIN VIEW, CA 94040

**New Mailing Address:**

FEI Number: 36-4415727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: BARTEL, RALPH  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: EV ( ) Delete  
Name: BARTEL, HOLGER  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: C ( ) Delete  
Name: SU, LISA  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: EHRlich, DAVID J  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: NEALE-MAY, DONOVAN  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: URSo, KELLY M  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP (X) Change ( ) Addition  
Name: BARTEL, HOLGER  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: CFO (X) Change ( ) Addition  
Name: LEE, WAYNE  
Address: 509 MADISON AVE., 21ST FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SU

C

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date