

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000000096**

1. Corporation Name  
**METRIS TRAVEL SERVICES INC.**

Principal Place of Business  
**600 SOUTH HIGHWAY 169 SUITE 400  
ST. LOUIS PARK MN 55426**

Mailing Address  
**600 SOUTH HIGHWAY 169 SUITE 400  
ST. LOUIS PARK MN 55426**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

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

81. Name **Corporation Service Company**  
82. Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**  
83.  
84. City **Tallahassee** FL 85. Zip Code **32301**

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: *Apela [Signature]*

(NOTE: Registered Agent's signature required when changing office.)

12. OFFICERS AND DIRECTORS

TITLE	PC	[ ] DELETE
NAME	<b>ZEBECK, RONALD N</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	VVC	[ ] DELETE
NAME	<b>SCALTI, DOUGLAS L</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
*TITLE	SD	[ ] DELETE
NAME	<b>BARCLIFT, ZEANTA B</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	D	X DELETE
NAME	<b>OBERRENDER, ROBERT W</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	DV	[ ] DELETE
NAME	<b>BENSON, JEAN C</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	<b>Chief Financial Officer &amp; Director</b>
43 STREET ADDRESS	<b>David D. Wesselink</b>
44 CITY-ST-ZIP	<b>600 South Hwy 169, Suite 1800</b>
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Z. Jill Barclift*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 (612) 525-5000

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