

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000096

1. Entity Name

METRIS TRAVEL SERVICES INC.

FILED

00 JAN 19 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 55426-1216
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1877702	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ZEBECK, RONALD N 600 SOUTH HIGHWAY 169 SUITE 1800 ST. LOUIS PARK MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003128669-4 -02/09/00--01003--014 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC SCALITI, DOUGLAS L 600 SOUTH HIGHWAY 169 SUITE 1800 ST. LOUIS PARK MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARCLIFT, ZEANTA B 600 SOUTH HIGHWAY 169 SUITE 1800 ST. LOUIS PARK MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD WESSELINK, DAVID D 600 SOUTH HIGHWAY 169 SUITE 1800 ST. LOUIS PARK MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENSON, JEAN C 600 SOUTH HIGHWAY 169 SUITE 1800 ST. LOUIS PARK MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Zeanta Barclift* **Zeanta Barclift** - Secretary (612) 525-5090
Date: 1/11/00 Daytime Phone #