1852

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 DEC 19 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84854

1. Entity Name
MIDNIGHT SUN TOURS, INC.

Principal Place of Business	Mailing Address
1030 S. Federal Hwy. Lake Worth, Fl. 33460	One Riverway, 500 Houston, Tx. 77056

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2642791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LISTED TO THE RIGHT - AGENT IS NOT NEW	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO NAME Frank Gallagher STREET ADDRESS One Riverway, Suite 500 CITY-ST-ZIP	☒ Delete	TITLE P NAME Mark Konttinen STREET ADDRESS 4740 Kokomo Dr. CITY-ST-ZIP Lake Worth, FL. 33460	☐ Change ☒ Addition
TITLE D NAME Linda Bell STREET ADDRESS One Riverway, SUite 500 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP/D/CS NAME Robert Longo STREET ADDRESS One Riverway, 500 CITY-ST-ZIP Houston, Texas 77056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T/AS NAME Stephanie Reyes STREET ADDRESS One Riverway, Suite 500 CITY-ST-ZIP	☒ Delete	TITLE T/AS NAME David Young STREET ADDRESS One Riverway, SUite 500 CITY-ST-ZIP Houston, Texas 77056	☐ Change ☒ Addition
TITLE AS NAME Shayne A. Rosecrans STREET ADDRESS One RIverway, SUite 500 CITY-ST-ZIP Houston, Texas 77056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 600004732586--9	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Shayne A. Rosecrans Shayne Rosecrans, ACS 12/17/01 713-860-1764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : 417003 - 7111512

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 61.25

ORDER DATE : December 18, 2001

ORDER TIME : 11:07 AM

ORDER NO. : 417003-005

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

ANNUAL REPORT FILING

RECEIVED
01 DEC 19 AM 11:29
DIVISION OF CORPORATION

NAME: MIDNIGHT SUN TOURS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young-EXT#1112

EXAMINER'S INITIALS: _____