FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14991** **(4)**

1. Corporation Name
THOMAS COOK CURRENCY SERVICES INC.

Principal Place of Business	Mailing Address
ONE PENN PLAZA SUITE 1714 NEW YORK, NY 10119	C/O TRAVEL MONEY SERVICES 3 INDEPENDENCE WAY PRINCETON NJ 08540

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/26/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **13-3173586** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCCAFFERTY, MARK	12 NAME	
STREET ADDRESS	100 YONGE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, CANADA M5C 2W1	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	V ☒ Change ☐ Addition
NAME	HORNE, ANTHONY R.	22 NAME	VINCENT A. MENDOLA
STREET ADDRESS	3 INDEPENDENCE WAY	23 STREET ADDRESS	3 INDEPENDENCE WAY
CITY-ST-ZIP	PRINCETON NJ	24 CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	SWEENEY, SUSAN W.	32 NAME	
STREET ADDRESS	ONE PENN PLAZA, SUITE 1714	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	ZUTTY, ROBERT N.	42 NAME	
STREET ADDRESS	ONE PENN PLAZA, SUITE 1714	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HEMPSEY, JOHN	52 NAME	
STREET ADDRESS	100 YONGE ST	53 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	REPACK, ROBERT G.	62 NAME	
STREET ADDRESS	3 INDEPENDENCE WAY	63 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Robert G. Repack ROBERT G. REPACK 4/27/95 (609) 987-7316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473042 FP