2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90260 039 ***150.00

DOCUMENT # P93000084689

1. Entity Name
UNIGLOBE TRAVEL (U S SERVICES) INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD SUITE 2000 TAMPA, FL 33602-5133	1199 WEST PENDER STREET 900 VANCOUVER, BRITISH COLUMBIA V6E 2R1 CANADA, XX

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2338759
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, DAVID A
101 E KENNEDY BLVD
SUITE 2000
TAMPA, FL 33602-5133

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTRAM, TRACY
STREET ADDRESS	1199 WEST PENDER STREET, SUITE 900
CITY-ST-ZIP	VANCOUVER, BC V6E2R
TITLE	D
NAME	GARY, CHARLWOOD
STREET ADDRESS	1199 WEST PENDER STREET STE 900
CITY-ST-ZIP	VANCOUVER, BC V6E2R
TITLE	P
NAME	CHARLWOOD, MARTIN
STREET ADDRESS	1199 WEST PENDER STREET, SUITE 900
CITY-ST-ZIP	VANCOUVER, BC V6E2R
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Bartram 04/15/05 (604) 718-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #