

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000084689		
1. Entity Name UNIGLOBE TRAVEL (U S SERVICES) INC.		
Principal Place of Business 101 E KENNEDY BLVD SUITE 2000 TAMPA, FL 33602-5133	Mailing Address 1199 WEST PENDER STREET 900 VANCOUVER, BRITISH COLUMBIA V6E 2R1 CANADA, XX	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEYER, DAVID A 101 E KENNEDY BLVD SUITE 2000 TAMPA, FL 33602-5133		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000616112 02/07/07-80014-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTRAM, TRACY 1199 WEST PENDER STREET, SUITE 900 VANCOUVER, BC V6E2R	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY, CHARLWOOD 1199 WEST PENDER STREET STE 900 VANCOUVER, BC V6E2R	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHARLWOOD, MARTIN 1199 WEST PENDER STREET, SUITE 900 VANCOUVER, BC V6E2R	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Tracy Bartram</u> Jan 16/07 (644) 718-2400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		