

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000023

**Entity Name:** TRAVELZOO INC.

**Current Principal Place of Business:**

590 MADISON AVE., 35TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

800 W. EL CAMINO REAL  
275  
MOUNTAIN VIEW, CA 94040

**FEI Number:** 36-4415727

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            BARTEL , HOLGER  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            REILLY, MARY  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            TARKA, BEATRICE  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            CHIEF ACCOUNTING OFFICER  
Name            SU, LISA  
Address        800 W. EL CAMINO REAL  
                  275  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title            DIRECTOR  
Name            LIQUN LIU, CARRIE  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            COUNSEL  
Name            CIOCCA, CHRISTINA SINDONI ESQ.  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            BARTEL, RALPH  
Address        590 MADISON AVE., 35TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA SU

**CHIEF ACCOUNTING  
OFFICER**

**03/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date