

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 807111

1. Corporation Name

Thomas Cook, Inc.

Principal Place of Business

Mailing Address

One Penn Plaza
Suite 1714
New York, NY 10119

c/o Thomas Cook Group Canada
Scotia Plaza, 14th Floor
100 YONGE STREET
TORONTO, ONTARIO M5C2W1

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

8/31/46

3a. Date of Last Report

5/1/95

4. FEI Number

13-0598590

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

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

I, 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 of President or Principal Officer of Corporation (Required)

Signature of Registered Agent (Required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME SWEENEY, SUSAN W.
STREET ADDRESS ONE PENN PLAZA SUITE 1714
CITY-STATE-ZIP NEW YORK, NY

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

TITLE ☒ DELETE
NAME ZUTTY, ROBERT
STREET ADDRESS ONE PENN PLAZA SUITE 1714
CITY-STATE-ZIP NEW YORK, NY

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

TITLE ☒ DELETE
NAME MENDOLA, VINCENT A.
STREET ADDRESS 3 INDEPENDENCE WAY
CITY-STATE-ZIP PRINCETON, NJ 08540

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

TITLE ☒ DELETE
NAME REPACK, ROBERT G.
STREET ADDRESS 3 INDEPENDENCE WAY
CITY-STATE-ZIP PRINCETON, NJ 08540

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE ☒ DELETE
NAME ULLRICH, ZIERKE
STREET ADDRESS 45 BERKELEY STREET
CITY-STATE-ZIP PICCADILLY LONDON W1A 1EB

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

TITLE ☒ DELETE
NAME MICHAEL J. SALTZER
STREET ADDRESS 40 BATTLE FOWLER
CITY-STATE-ZIP 280 PARK AVENUE
NEW YORK, NY

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-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)(k), 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Repack, Attorney-in fact

5/6/96

609-987-7257

Date

Telephone #

CR2E034 (12/95)