


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807111 (0)

1. Corporation Name
THOMAS COOK, INC.

Principal Place of Business

ONE PENN PLAZA
1714
NEW YORK NY 10119
US

Mailing Address

C/O THOMAS COOK GROUP CANADA
SCOTIA PLAZA 14TH FLOOR 100 YONGE STREET
TORONTO, ONTARIO M5C 2W1
CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1946

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 29 Broadway	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 City & State New York NY	28 Zip
24 Zip 10006	29 Country CANADA

2a. Mailing Address	2b. City & State
26 Suite, Apt. #, etc.	27 City & State
28 Zip	29 Country
29 Country CANADA	30

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Drive
83	
84 City	Plantation
85 State	FL
86 Zip Code	33324

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

Kathleen J. Pickett
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIERKE, ULRICH	
STREET ADDRESS	45 BERKELEY STREET	
CITY-ST-ZIP	PICADILLY, LONDON, ENGLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINGER, DR J	
STREET ADDRESS	HERZOGSTRASSE 15	
CITY-ST-ZIP	D-40217 DUSSELDORF 1	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SWEENEY, SUSAN, W	
STREET ADDRESS	ONE PENN PLAZA, SUITE 1714	
CITY-ST-ZIP	NEW YORK NE	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VON ROEHL, CHRISTOPHER	
STREET ADDRESS	HERZOGSTRASSE 15	
CITY-ST-ZIP	D-40217 DUSSELDORF 1	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALTZER, MICHAEL J	
STREET ADDRESS	C/O BATTLE FOWLER 280 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HALKO, JOHN	
STREET ADDRESS	100 YONGE STREET, 15TH FLOOR	
CITY-ST-ZIP	TORONTO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter Scholten	
1.3 STREET ADDRESS	Herzogstrasse 15	
1.4 CITY-ST-ZIP	D-40217 Dusseldorf 1 Germany	
2.1 TITLE	Dr Johannes Ringer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Kathleen J. Pickett *Attorney-in-Fact* *Good 2/98 416-359-3747*

CR2E034 (10/97)