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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818767

1. Corporation Name

TRAVELERS EXPRESS COMPANY INC

Principal Place of Business
**1550 UTICA AVENUE SOUTH
MINNEAPOLIS MN 55416**

Mailing Address
**1550 UTICA AVENUE SOUTH
MINNEAPOLIS MN 55416**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1965

4. FEI Number

41-0186972

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1850 N CENTRAL AVE

2a. Mailing Address

26 1850 N CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STA 2249

27 STA 2249

City & State

23 PHOENIX ARIZONA

City & State

28 PHOENIX AZ

Zip

Country

24 85077-2249 25 USA

Zip

Country

29 85077-2249 30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME **D BOHANNON, R. H.**
STREET ADDRESS **1850 N CENTRAL AVE**
CITY-STATE-ZIP **PHOENIX AZ 85077**

TITLE ☒ DELETE

NAME **T GOTTWALT, T.J.**
STREET ADDRESS **1550 UTICA AVE SO**
CITY-STATE-ZIP **MINNEAPOLIS MN 55416**

TITLE ☒ DELETE

NAME **VP LENHART, C.L.**
STREET ADDRESS **1550 UTICA AVE S.**
CITY-STATE-ZIP **MINNEAPOLIS MN 55416**

TITLE ☐ DELETE

NAME **PD MILNE, P.W.**
STREET ADDRESS **1550 UTICA AVE SO**
CITY-STATE-ZIP **MINNEAPOLIS MN 55416**

TITLE ☒ DELETE

NAME **VP MILEO, J.**
STREET ADDRESS **1550 UTICA AVE SO.**
CITY-STATE-ZIP **MINNEAPOLIS MN 55416**

TITLE ☐ DELETE

NAME **VP RYAN, A.P.**
STREET ADDRESS **1550 UTICA AVE SO**
CITY-STATE-ZIP **MINNEAPOLIS MN 55416**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VPIAS**

2.3 STREET ADDRESS **JOHNSON, THERESA H.**

2.4 CITY-STATE-ZIP **1550 UTICA AVE SO**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **1550 UTICA AVE SO**

3.3 STREET ADDRESS **MINNEAPOLIS MN 55416**

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **VP**

4.3 STREET ADDRESS **LENHART, C.L.**

4.4 CITY-STATE-ZIP **1550 UTICA AVE S.**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **1550 UTICA AVE S.**

5.3 STREET ADDRESS **PHOENIX AZ 85077**

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **AS**

6.3 STREET ADDRESS **LITHELAND, JAMES M.**

6.4 CITY-STATE-ZIP **1850 N CENTRAL AVE**

6.5 CITY-STATE-ZIP **PHOENIX AZ 85077**

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, with all other like empowered.

SIGNATURE: **J.M. Litherland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR
J.M. LITHERLAND

4/15/99

Daytime Phone #

CR2E034 (1/98)