

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:53

DOCUMENT # 846955 (3)

1. Corporation Name

THOMSON HOLIDAYS SERVICES INC.

Principal Place of Business

5728 MAJOR BLVD
32ND FLOOR
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD
32ND FLOOR
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/15/1980

3a. Date of Last Report
06/21/1994

4. FEI Number
36-3063348

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

2. Principal Place of Business

21 6412 INTERNATIONAL DR.

2a. Mailing Address

26 6412 INTERNATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32819

Country

Zip

29 32819

Country

30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE. 105
TALLAHASSEE FL 32301

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BROWN, CHARLES P.
STREET ADDRESS HAMPSTEAD RD., GR. LOND. HS
CITY-ST-ZIP LONDON, ENGLAND

TITLE S
NAME HARRIS, MICHAEL S
STREET ADDRESS ONE STATION PLACE
CITY-ST-ZIP STAMFORD CT

TITLE PD
NAME PARKINS, DAVID
STREET ADDRESS HAMPSTEAD RD., GR. LOND. HS
CITY-ST-ZIP LONDON, ENGLAND

TITLE AS
NAME SCHROEDER, JAMES
STREET ADDRESS ONE STATION PL
CITY-ST-ZIP STAMFORD CT

TITLE V
NAME RAWLINGS, LESLEY
STREET ADDRESS 5728 MAJOR BLVD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V ☒ Change ☐ Addition
MOLLINGHOFF, PAT
6412 INTERNATIONAL DRIVE
ORLANDO, FL

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 110.07(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 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:

P. Mollinghoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13th March 95 (407)345-0811
DATE