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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851224**

1. Corporation Name
CARLSON TRAVEL GROUP, INC.

Principal Place of Business 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	Mailing Address ATTN: TAX DEPT P.O. BOX 59159 MINNEAPOLIS MN 55459-8250 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/08/1981

4. FEI Number

41-1367181

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> DELETE
NAME	NELSON, MARILYN C.	
STREET ADDRESS	12755 STATE HIGHWAY 55	
CITY-ST-ZIP	MINNEAPOLIS MN 55441	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEARMON, LEE	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOGAN, GERALD W.	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DIRACLES, JOHN M	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMANN, D	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, C.L.	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Sr. VP-General Counsel <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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann 4-2799 612-212-2920
Date Daytime Phone #

CR2E034 (11/98)