


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90409 001 \*\*\*450.00

<b>DOCUMENT # 854488</b> 1. Entity Name <b>AMERICAN EXPRESS TRAVEL RELATED SERVICES COMPANY, INC.</b>	
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Principal Place of Business <b>200 VESEY STREET WFC-3 NEW YORK, NY 10285 US</b>	Mailing Address <b>200 VESEY STREET NEW YORK, NY 10285-3002 US</b>
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**66012383**



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3133497</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO CHENAULT, KENNETH I 200 VESEY STREET NEW YORK, NY 10285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GC PARENT, LOUISE 200 VESEY STREET NEW YORK, NY 10285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STEVESMAN, JAY B 200 VESEY STREET NEW YORK, NY 10285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NORMAN, STEPHEN P 200 VESEY STREET NEW YORK, NY 10285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KUCHS, MICHAEL 200 VESEY STREET NEW YORK, NY 10285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IO SCHEPP, ANNE C 200 VESEY STREET NEW YORK, NY 10285</b>

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

*Stephen P. Norman* **Stephen P. Norman** 4/7/06 212-640-2918