

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 856039

1. Entity Name
TRAVELLERS CHEQUE ASSOCIATES LIMITED, INC.



Principal Place of Business
**154 EDWARD ST
BRIGHTON, SU BN2 2-H US**

Mailing Address
**200 VESEY STREET
WFC-3 TAX DEPT
NEW YORK, NY 10285-3002 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SPENCE, JOHN A
STREET ADDRESS	71 LOMBARD ST
CITY-ST-ZIP	LONDON, EC 3P3BS,
TITLE	S
NAME	NOAKES, HUGH E
STREET ADDRESS	154 EDWARD STREET, BRIGHTON
CITY-ST-ZIP	SUSSEX BN22LH,
TITLE	AS
NAME	NORMAN, STEPHEN P
STREET ADDRESS	WORLD FINANCIAL CENTER
CITY-ST-ZIP	NEW YORK, NY 10285
TITLE	AS
NAME	SCHEPP, ANNE C
STREET ADDRESS	WORLD FINANCIAL CENTER
CITY-ST-ZIP	NEW YORK, NY 10285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80059-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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** 4/1/05 212-640-1257