

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 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**



04062006 No Chg-P CR2E034 (11/05)

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 the # applicable.

(NOTE: Registered Agent's signature required when re-registering)

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

000000507641
04/27/06-80071-008 150.00

**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

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

Date

Daytime Phone #