F00000000990

ACCOUNT NO.

072100000032

REFERENCE

587727

4702649

AUTHORIZATION

COST LIMIT

ORDER DATE :

February 14,

ORDER TIME :

10:31 AM

ORDER NO.

CUSTOMER NO:

4702649

13135674--0 -02/15/00--01075--003

***1585.00 ***1585.00

CUSTOMER:

Ms. Brenda Cintron

Council On International

205 East 42nd Street

15th Floor

New York, NY

FOREIGN FILINGS

NAME:

COUNCIL TRAVEL SERVICES USA,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: Counc. L TRAVEL SERVICES USA TWO. (Name of corporation - must include suffix)		
SUBJECT: Council TRAVEL SERVICES USA TWO. (Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
MONICA BONAMESO. (Name of Person)		
(Name of Person)		
COUNCIL TRAVEL SERVICES USA JWC. (Firm/Company)		
205 Ers 42~05+ 15TH Floor (Address)		
New York, NY 10017 (City/State/Zip)		
Should you need to call someone concerning this matter, please call:		
Brenga Cinthen at (212) 822-2912 (Name of Person) (Area Code & Daytime Telephone Number)		
(realized to the control of the cont		
•		
STREET ADDRESS: MAILING ADDRESS:		
Qualification/Tax Lien Section Qualification/Tax Lien Section		
Division of Corporations Division of Corporations P.O. Box 6327		
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{2}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{2}\$ Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORFORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	COUNCIL TRAVEL SERVICES USA, INC.
1.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country under the law of which it is incorporated) 3. 04-2754778 (FEI number, if applicable)
	(Date of Incorporation) 5. PERPETURE (Duration: Year corp. will cease to exist or "perpetual")
	/
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	205 EAST 42 NO ST 15TH FROOK
	New Yark NY 10017 (Current mailing address)
	· · · · · · · · · · · · · · · · · · ·
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Corporation Service Company
	Office Address: 1201 Hays Street
	Tallahassee , Florida , 32301 (Zip Code)
10	O. Registered agent's acceptance:
re a	laving been named as registered agent and to accept service of process for the above stated or

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Corporation Service Company

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) SEE ATTACHEN LISTIA Address: ___ Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: __ Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may affach an addendum to the application listing additional officers and/or directors. 13. Vice Chairman, or any officer listed in number 12 of the application) (Signature of Chairman) MONICA BONAMEGO - SEWETARY

(Typed or printed name and capacity of person signing application)

Council Travel

Directors

Stevan K. Trooboff

205 East 42nd Street New York, NY 10017

Tel: (212) 822-2600

Charles Ping

President Emeritus

Trustee Professor of Philosophy and Education

Ohio University Trisoliny Gallery 201 Athens, OH 45701-2970 Tel: (740) 593-4270

Norman Neureiter

Vice President, Texas Instruments, Retired

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Gordon Colleary

05 College Green Dublin, 2 Ireland 353-01679-1199

Finbarr Donovan

05 College Green Dublin 2 Ireland 353-01679-1199

Officers

President:

Stevan K Trooboff

205 East 42nd Street New York, NY 10017 (212) 822- 2600

Vice President:

William J. McGuinness 205 East 42nd Street New York, NY 10017 (212) 822- 2600

CFO/Secretary:

Monica Bonamego 205 East 42nd Street New York, NY 10017 (212) 822- 2600

CIEE: Council on International Educational Exchange

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COUNCIL TRAVEL SERVICES USA, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF

FEBRUARY, A.D. 2000.

ON FEB 15 AM 9: 37

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

0256732

001074076

0930834 8300

02-14-00