

CT CORPORATION

F02000002416

CORPORATION(S) NAME

Resort Reservations Network, Inc.

FILED
MAY 15 PM 12:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(Handwritten signature/initials)

RECEIVED
MAY 15 AM 11:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/15/02

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BK

Order#: 5345916

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Ref#: *****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION 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.

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1. RESORT RESERVATIONS NETWORK, INC.

(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. DELAWARE

(State or country under the law of which it is incorporated)

3. 84-1556047

(FEI number, if applicable)

4. AUGUST 11, 2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 325 LAKE DILLON DRIVE, PO BOX 5178, DILLON COLORADO 80435

(Current mailing address)

8. TRAVEL RELATED SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Hiedi M. Hiesch

(Registered agent's signature)

Spec. Asst. Sect

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID D. KLEINKOPF, ASSISTANT SECRETARY

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

DIRECTORS AND OFFICERS OF RESORT RESERVATIONS NETWORK, INC.

DIRECTORS:

Gary L. Raymond
#329 - 2055 Lake Placid Road
Whistler, BC
CANADA V0N 1B2

Jeff J. Stipec
14646 North Kierland Blvd.
Suite 210
Scottsdale, AZ 85254

Stephen K. Rice
1 Snowshoe Drive
Snowshoe, WV 26209

OFFICERS:

TITLE

Gary L. Raymond
#329 - 2055 Lake Placid Road
Whistler, BC
CANADA V0N 1B2

President

Jeff J. Stipec
14646 North Kierland Blvd.
Suite 210
Scottsdale, AZ 85254

Vice President

Stephen K. Rice
1 Snowshoe Drive
Snowshoe, WV 26209

Vice President

John E. Currie
#800 - 200 Burrard Street
Vancouver, BC
CANADA V6C 3L6

Vice President

Eric Austin
#100 - 788 Harbourside Drive
North Vancouver, BC
CANADA V7P 3R7

Vice President

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DIRECTORS AND OFFICERS OF RESORT RESERVATIONS NETWORK, INC.

OFFICERS: (CONT'D)

TITLE

Stan Sprenger
#100 - 788 Harbourside Drive
North Vancouver, BC
CANADA V7P 3R7

Vice President

Adraina Gugliotta
#100 - 788 Harbourside Drive
North Vancouver, BC
CANADA V7P 3R7

Controller

Ross J. Meacher
#800 - 200 Burrard Street
Vancouver, BC
CANADA V6C 3L6

Corporate Secretary

David D. Kleinkopf
1050 17th Street
Denver, CO 80265

Assistant Secretary

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Delaware

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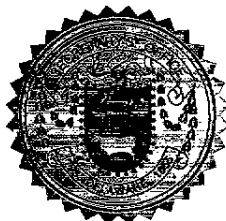
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESORT RESERVATIONS NETWORK, 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 MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3273612 8300

020307575

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1776882

DATE: 05-14-02