2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005830

Entity Names D EW/ TDAY/EL ADDANGEME

FILED Apr 10, 2003 Secretary of State

Entity Name: D-FW TRAVEL ARRANGEMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7616 LBJ FREEWAY, SUITE 524 DALLAS, TX 75251 **Current Mailing Address: New Mailing Address:** 7616 LBJ FREEWAY, SUITE 524 DALLAS, TX 75251 FEI Number: 75-1843772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BLOODWORTH, JOHN M Name: Name: 220 CONGRESS PARK DRIVE SUITE 300 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: Title: () Delete () Change () Addition PRYZWARA, JOHN Name: Name: 7616 LBJ FREEWAY, SUITE 524 Address: Address: DALLAS, TX 75251 City-St-Zip: City-St-Zip: Title: Title: () Delete DVPS (X) Change () Addition DOYLE, PATRICK DOYLE, PATRICK Name: Name: 7616 LBJ FREEWAY, SUITE 524 7616 LBJ FREEWAY, SUITE 524 Address: Address: City-St-Zip: DALLAS, TX 75251 City-St-Zip: DALLAS, TX 75251 Title: () Delete Title: **VPAS** (X) Change () Addition MARAIST, ROBERT J MARAIST, ROBERT J Name: Name: Address: 220 CONGRESS PARK DRIVE SUITE 300 Address: 220 CONGRESS PARK DRIVE SUITE 300 City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445 Title: Title: **VPAS** (X) Change () Addition () Delete

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DEL PINO, GEORGE

DELRAY BEACH, FL 33445

220 CONGRESS PARK DRIVE SUITE 300

SIGNATURE: PATRICK DOYLE S 04/10/2003

DEL PINO, GEORGE

DELRAY BEACH, FL 33445

220 CONGRESS PARK DRIVE SUITE 300

Name:

Address: City-St-Zip: