2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004115

Entity Name: TRIP NETWORK, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7 SYLVAN WAY PARSIPPANY, NJ 07054 **Current Mailing Address: New Mailing Address:** CENDANT CORPORATE USA P.O. BOX 981337 EL PASO, TX 799981337 FEI Number: 22-3768144 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: DCEO () Delete Title: (X) Change () Addition NELSON, RONALD E Name: KATZ, SAM E Name: 9 WEST 57TH STREET 9 WEST 57TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10019 PD Title: Title: () Delete () Change () Addition Name: GEBHARDT, EVANS Name: 7 SYLVAN WAY Address: Address: PARSIPPANY, NJ 07054 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition HUBER, JOSEPH Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: () Delete Title: () Change () Addition WYSHNER, DAVID B Name: Name: Address: 1 CAMPUS DRIVE Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: Title: () Delete () Change () Addition KINDER, JEFFREY Name: Name: 1 CAMPUS DRIVE Address: Address: City-St-Zip: PARSIPPANY, NJ 07054 City-St-Zip: Title: SEVP () Delete Title: () Change () Addition Name: BOCK, ERIC J Name: Address: 9 W. 57TH ST, 37TH FL Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JOSEPH HUBER VP 04/30/2006