

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90030 031 \*\*\*150.00

**DOCUMENT # F03077**

1. Entity Name  
**CARLSON TRAVEL AGENTS INTERNATIONAL, INC.**

Principal Place of Business <b>9887 FORUTH STREET NO.          P.O. BOX 31005          ST. PETERSBURG FL 33702          US</b>	Mailing Address <b>P. O. BOX 42008          C/O TAX DEPT          MINNEAPOLIS MN 55459          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1405 Xenium Lane NO.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Minneapolis Mn</b>	City & State
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4. FEI Number <b>59-2028808</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>55441</b>	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**REEVES, ROBERT H  
 9887 FOURTH STREET NORTH  
 P. O. BOX 42008  
 ST. PETERSBURG FL 33742**

7. Name and Address of New Registered Agent  
 Name  
**Corporation-Services Company**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
 City  
**Tallahassee FL** Zip Code  
**32301**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>NELSON, MARILYN C</b> <b>12755 STATE HWY 55</b> <b>MINNEAPOLIS MN 55441</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BATT, MICHAEL</b> <b>9887 FOURTH ST. NO. BOX 42008</b> <b>ST. PETERSBURG FL 33742</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>DIGNAN, JOHN</b> <b>9887 FOURTH ST. NO. BOX 42008</b> <b>ST. PETERSBURG FL 33742</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BEARMON, LEE</b> <b>9887 FOURTH ST. NO. BOX 42008</b> <b>ST. PETERSBURG FL 33742</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAMANN, D.M.</b> <b>9887 FOURTH ST. NO. BOX 42008</b> <b>ST. PETERSBURG FL 33742</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1405 Xenium Lane No.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1405 Xenium Lane No.</b> <b>Minneapolis MN 55441</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Controller</b> <b>Brian Brommel</b> <b>1405 Xenium Lane No.</b> <b>Minneapolis MN 55441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP- Legal</b> <b>William A. Van Brunt</b> <b>1405 Xenium Lane No.</b> <b>Minneapolis MN 55441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1405 Xenium Lane No.</b> <b>Minneapolis MN 55441</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hamann **Harrel M. Hamann, VP - Tax** 4-7-00 763-212-2920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)