2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03077

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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City-St-Zip:

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VAN BRUNT, WILLIAM A

PLYMOUTH, MN 55441

HAMANN, DARREL M

PLYMOUTH, MN 55441

1405 XENIUM LANE NORTH

1405 XENIUM LANE NORTH

FILED Apr 25, 2006 Secretary of State

Entity Nam	1e: CARLSON	TRAVEL AGENTS INTERNAT	FIONAL, INC.		·	
Current Principal Place of Business:			New Princ	ipal Place of Bu	usiness:	
				SON PARKWAY NKA, MN 55305		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 5	DEPARTMEN 9159 DLIS, MN 55459					
FEI Number:	59-2028808	FEI Number Applied For ()	FEI Number Not Appl	icable () C	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1201 HAYS	TION SERVICE STREET SEE, FL 3230					
The above in the State		ibmits this statement for the pu	rpose of changing i	ts registered offic	ce or registered agent, or both,	
SIGNATUR		Signature of Registered Agen	. t		 Date	
Election Cam		Trust Fund Contribution ().	it.		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD ()E NELSON, MARIL 1405 XENIUM LA PLYMOUTH, MN	NE NORTH	Title: Name: Address: City-St-Zip:	COBD (X) C NELSON, MARILY 701 CARLSON PA MINNETONKA, MN	RKWAY	
Title: Name: Address: City-St-Zip:	P ()E BATT, MICHAEL 1405 XENIUM LA PLYMOUTH, MN		Title: Name: Address: City-St-Zip:	P (X) C BATT, MICHAEL 701 CARLSON PA MINNETONKA, MN		
Title: Name:	EVP () [BLOCK, ROGER	Delete	Title:	EVP (X) C	hange () Addition	

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SVP

VAN BRUNT, WILLIAM A

701 CARLSON PARKWAY

MINNETONKA, MN 55305

PETERSON, JAMES H

701 CARLSON PARKWAY

MINNETONKA, MN 55305

(X) Change () Addition

(X) Change () Addition

SIGNATURE: JAMES H. PETERSON V 04/25/2006