2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F03077

Entity Name: CARLSON TRAVEL AGENTS INTERNATIONAL, INC.

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305 US

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250 US

New Mailing Address:

FEI Number: 59-2028808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: COBD ( ) Delete
Name: NELSON, MARILYN C
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: P ( ) Delete
Name: BATT, MICHAEL
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: EVP ( ) Delete
Name: BLOCK, ROGER
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: SVP ( ) Delete
Name: VAN BRUNT, WILLIAM A
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: V ( ) Delete
Name: PETERSON, JAMES H
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change ( ) Addition
Name: VAN BRUNT, WILLIAM A
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES H. PETERSON V 04/24/2007

Electronic Signature of Signing Officer or Director — Date