

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000274

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** TRAVELERS SETTLEMENT SERVICES, INC.

**Current Principal Place of Business:**

300 RED BROOK BLVD.  
SUITE 300  
OWINGS MILLS, MD 21117

**New Principal Place of Business:**

**Current Mailing Address:**

300 RED BROOK BLVD.  
SUITE 300  
OWINGS MILLS, MD 21117

**New Mailing Address:**

**FEI Number:** 86-1069404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: RUBENSTEIN, MILLARD S  
Address: 300 RED BROOK BLVD.  
City-St-Zip: OWINGS MILLS, MD 21117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RUBENSTEIN, MILLARD S  
Address: 300 RED BROOK BLVD.  
City-St-Zip: OWINGS MILLS, MD 21117

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: MILLARD S. RUBENSTEIN

DP

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date