

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004746

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** THE INDEPENDENT TRAVELER, INC.

**Current Principal Place of Business:**

2 TREE FARM ROAD  
SUITE B-300  
PENNINGTON, NJ 08534

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: LEGAL DEPT  
333 108TH AVENUE NE  
BELLEVUE, WA 98004

**New Mailing Address:**

ATTN: LEGAL DEPT  
141 NEEDHAM STREET  
NEWTON, MA 02464

**FEI Number:** 22-3413070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TUCKER, KATHLEEN  
Address: 7 TREE FARM ROAD  
City-St-Zip: PENNINGTON, NJ 08534

Title: CEO  
Name: KAUFER, STEPHEN  
Address: 141 NEEDHAM STREET  
City-St-Zip: NEWTON, MA 02464

Title: ASEC  
Name: FILIPPI, SUZANNE  
Address: 141 NEEDHAM STREET  
City-St-Zip: NEWTON, MA 02464

Title: SECY  
Name: KALVERT, SETH  
Address: 141 NEEDHAM STREET  
City-St-Zip: NEWTON, MA 02464

Title: TREA  
Name: BRADLEY, JULIE  
Address: 141 NEEDHAM STREET  
City-St-Zip: NEWTON, MA 02464

Title: VP  
Name: YOUNG, TYLER  
Address: 141 NEEDHAM STREET  
City-St-Zip: NEWTON, MA 02464

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE FILIPPI

ASEC

04/09/2012

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

\_\_\_\_\_  
Date