

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000617 (0)

1. Corporation Name

CARLSON TRAVEL NETWORK ASSOCIATES, INC.



Principal Place of Business

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

Mailing Address

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

P O Box 59159

27

Suite, Apt. #, etc.

28

ATTN: Tax Dept.

29

City & State

30

Minneapolis MN

31

Zip

32

Country

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

95-3939786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

☐ DELETE

NAME

CARLSON, CURTIS L

STREET ADDRESS

12755 STATE HIGHWAY 55

CITY-STATE-ZIP

MINNEAPOLIS MN 55441

TITLE

PCEO

☐ DELETE

NAME

TANNER, TRAVIS

STREET ADDRESS

12755 STATE HIGHWAY 55

CITY-STATE-ZIP

MINNEAPOLIS MN 55441

TITLE

VP

☐ DELETE

NAME

PHILLIPS, ANITA

STREET ADDRESS

12755 STATE HWY. 55

CITY-STATE-ZIP

MINNEAPOLIS MN

TITLE

V

☐ DELETE

NAME

BEARMON, LEE

STREET ADDRESS

12755 STATE HIGHWAY 55

CITY-STATE-ZIP

MINNEAPOLIS MN 55441

TITLE

V

☐ DELETE

NAME

HAMANN, D.M.

STREET ADDRESS

12755 STATE HIGHWAY 55

CITY-STATE-ZIP

MINNEAPOLIS MN 55441

TITLE

S

☐ DELETE

NAME

HOGAN, GERALD W

STREET ADDRESS

12755 STATE HIGHWAY 55

CITY-STATE-ZIP

MINNEAPOLIS MN 55441

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D M Hamann

Darrel M. Hamann, VP- Tax 4-22-96 612-540-5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)