

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

ATTN: TAX DEPT  
P.O. BOX 59159  
MINNEAPOLIS MN 55459-8200  
US

FILED  
Apr 30 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

05/01/1996

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CARLSON, CURTIS L  
12755 STATE HIGHWAY 55  
MINNEAPOLIS MN 55441

TITLE PCEO ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TANNER, TRAVIS  
12755 STATE HIGHWAY 55  
MINNEAPOLIS MN 55441

TITLE VP ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PHILLIPS, ANITA  
12755 STATE HWY. 55  
MINNEAPOLIS MN

TITLE V ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BEARMON, LEE  
12755 STATE HIGHWAY 55  
MINNEAPOLIS MN 55441

TITLE V ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HAMANN, D.M.  
12755 STATE HIGHWAY 55  
MINNEAPOLIS MN 55441

TITLE S ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HOGAN, GERALD W  
12755 STATE HIGHWAY 55  
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-ST-ZIP

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME Michael Batt

2.3 STREET ADDRESS 12755 State Hwy 55

2.4 CITY-ST-ZIP Minneapolis MN 55441

3.1 TITLE VP-CFO ☒ Change ☐ Addition

3.2 NAME John M. Dignan

3.3 STREET ADDRESS 12755 State Hwy 55

3.4 CITY-ST-ZIP Minneapolis MN 55441

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Darrel M. Hamann, VP - Tax 4-17-97 612-540-5883

CR2E034 (9/96)