## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F9400000617

FILED Apr 02, 2004 Secretary of State

Entity Name: CARLSON TRAVEL NETWORK ASSOCIATES, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	IUM LANE N. <sup>-</sup> H, MN 55441					
Current Mailing Address:			New Maili	New Mailing Address:		
ATTN: TAX P.O. BOX	59159					
	OLIS, MN 554 : <b>95-3939786</b>	4598250 US FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )		
				.,		
lame and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
201 HAY		CORPORATION SYSTEM, IN 801 US	IC.			
	named entity e of Florida.	submits this statement for the	e purpose of changing	its registered office or registered agent, or both,		
IGNATU						
	Electro	nic Signature of Registered A	gent	Date		
lection Car	mpaign Financir	ng Trust Fund Contribution ( ).				
FFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Nddress: Dity-St-Zip:	CCD ( NELSON, MAR 1405 XENIUM PLYMOUTH, M	LANE N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle: lame: ddress: city-St-Zip:	P ( BATT, MICHAE 1405 XENIUM PLYMOUTH, M	LANE N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle: lame: ddress: city-St-Zip:	SVGC ( VAN BRUNT, V 1405 XENIUM PLYMOUTH, M	LANE N.	Title: Name: Address: City-St-Zip:	SVGC (X) Change ( ) Addition VAN BRUNT, WILLIAM A 1405 XENIUM LANE N. PLYMOUTH, MN 55441		
itle: lame: ddress: city-St-Zip:	V ( HAMANN, D.M 1405 XENIUM PLYMOUTH, M	LANE N.	Title: Name: Address: City-St-Zip:	VPT (X) Change ( ) Addition HAMANN, DARREL M 1405 XENIUM LANE N. PLYMOUTH, MN 55441		
itle: lame: ddress: City-St-Zip:	S ( HOGAN, GERA 1405 XENIUM PLYMOUTH, M	LANE N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle: lame:	(	) Delete	Title: Name: Address:	VPF ( ) Change (X) Addition ZITUR, DAVID L JR 1405 XENIUM LANE N.		

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.

	Floring Cinnetons of Cinning Officer or Director		D-t-
SIGNATURE:	DARREL M. HAMANN	VPT	04/02/2004