FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001756 (5)

1. Corporation Name
THE THOMAS COOK GROUP LIMITED, INC.

Principal Place of Business
P.O. BOX 36, THORPE WOOD
PETERBOROUGH, ENGLAND PE36SB

Mailing Address
P.O. BOX 36, THORPE WOOD
PETERBOROUGH, ENGLAND PE36SB

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Travel Money Services
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 3 INDEPENDENCE WAY
City & State 23	City & State 28 PRINCETON NJ
Zip 24 Country 25	Zip 29 08540 Country 30 USA

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $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 STREET, SUITE 105
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	RINGEL, DR. JOHANNES	12 NAME	
STREET ADDRESS	WESTDEUTSCHE LANDESBANK GIROZENTRALE	13 STREET ADDRESS	
CITY ST ZIP	HERZOGSTRASSE 15, D-40217	14 CITY ST ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	NORGREN, CHRISTIAN	22 NAME	500001485055
STREET ADDRESS	WESTDEUTSCHE LANDESBANK GIROZENTRALE	23 STREET ADDRESS	-05/12/95--01014--009
CITY ST ZIP	HERZOGSTRASSE 15, D-40217	24 CITY ST ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DRIESSEN, HANS-JOACHIM	32 NAME	
STREET ADDRESS	LTU INTERNATIONAL AIRWAYS	33 STREET ADDRESS	
CITY ST ZIP	AIRPORT HANGAR 8, 40474	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DRIESSEN, HANS-JOACHIM	42 NAME	
STREET ADDRESS	WESTDEUTSCHE LANDESBANK GIROZENTRALE	43 STREET ADDRESS	
CITY ST ZIP	HERZOGSTRASSE 15, D-40217	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TRUBE, WOLFGANG	52 NAME	
STREET ADDRESS	WESTDEUTSCHE LANDESBANK GIROZENTRALE	53 STREET ADDRESS	
CITY ST ZIP	HERZOGSTRASSE 15, D-40217	54 CITY ST ZIP	
TITLE	CEO	61 TITLE	☐ Change ☐ Addition
NAME	RODRIGUES, CHRISTOPHER J	62 NAME	
STREET ADDRESS	45 BERKLEY STREET	63 STREET ADDRESS	
CITY ST ZIP	LONDON W1A 1EB	64 CITY ST 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)(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: [signature] KENNETH S. HOLLINS ATTORNEY-IN-FACT 4/27/95 (609) 987-7316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0403455 IN