

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 # F94000001756

1. Corporation Name

The Thomas Cook Group Limited, Inc.

Principal Place of Business

P.O. Box 36, Thorpe Wood
Peterborough, England
PE3 6SB

Mailing Address

c/o Thomas Cook Group Canada
Scotia Plaza 14th Floor
100 Yonge Street
Toronto, Ontario M5C 2W1

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4/6/94

3a. Date of Last Report

5/1/95

4. FET Number

N/A

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

10. Name and Address of New Registered Agent

Bentice Hall
1201 Hays St.
Tallahassee, FL 32301

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 of officer or director of corporation authorized to sign this statement

Signature of Registered Agent or person representing Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME RINGEL, DR. JOHANNES

1.2 NAME

STREET ADDRESS WESTDEUTSCHE LANDESBANK GIROZENTRALE

1.3 STREET ADDRESS

CITY-ST-ZIP HERZOGSTRASSE 15, D-40217

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME NORSGREN, CHRISTIAN

2.2 NAME

STREET ADDRESS WESTDEUTSCHE LANDESBANK GIROZENTRALE

2.3 STREET ADDRESS

CITY-ST-ZIP HERZOGSTRASSE 15, D-40217

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME DRIESSEN HANS-JOACHIM

3.2 NAME

STREET ADDRESS LTN INTERNATIONAL AIRWAYS

3.3 STREET ADDRESS

CITY-ST-ZIP AIRPORT HANGAR 8 40474

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME TRUBE, WOLFGANG

4.2 NAME

STREET ADDRESS WESTDEUTSCHE LANDESBANK GIROZENTRALE

4.3 STREET ADDRESS

CITY-ST-ZIP HERZOGSTRASSE 15, D-40217

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

900001892849

-07/15/96--01002--020

***225.00

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 included 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 of this statement, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Repack, Attorney-in fact

5/6/96

602-87723?

CR2E034 (12/95)