2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F95000002737** Feb 16, 2000 8:00 am **Secretary of State** DUNCAN TRAVEL SERVICES, INC. 02-16-2000 90033 045 ***150.00 Principal Place of Business Mailing Address 4300 ALTON ROAD 4300 ALTON RD. 1ST FLOOR WARNER BLDG. 1ST FLOOR WARNER BLDG. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-2800 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. 4. FEI Number Applied For City & State City & State 52-1610623 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME EDELSTEIN, SOL MD NAME STREET ADDRESS STREET ADDRESS 6600 W. BROAD ST. CITY-ST-ZIP CITY-ST-7tP RICHMOND VA 23230 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DUFFY, THOMAS E NAME NAME STREET ADDRESS STREET ADDRESS 6600 W. BROAD ST. CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23230 ☐ Change ☐ Addition TITLE Delete TITLE NAME PRIDDY, DAVID NAME STREET ADDRESS STREET ADDRESS 6600 W. BROAD ST. CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23230 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCALLISTER, PATRICIA NAME STREET ADDRESS STREET ADDRESS 4300 ALTON RD. CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33140 Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/00 (804)-673-1533

Daytime Phone #

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS BUSINESS REGULATION ADMINISTRATION



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the DISTRICT

OF COLUMF IA BUSINESS CORPORATION ACT have been coraplied with and accordingly, this CERTIFICATE of AMENDMENT is hereby issued to

DUNCAN TRAVEL SERVICES, INC.

Name Change To TRAVEL CARE, INC.

as of $November\ 30th,\ 1998$.

Lloyd J. Jordan Director

Patricia A. Montgomery

Administrator

Business Regulation Administration

Act. Asst. Corporate Program Manager

Corporations Division

Marion Barry, .r. Mayor