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4-15-97 : 15:07 : FRANKEL AND TOPP - MAIN TERMINAL (RMC) 110

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May 08 1997 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000332 1. Corporation Name MCGETTIGANS TRAVEL BUREAU, INC Principal Place of Business Mailing Address
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2. Principal Place of Business 21 PHILADELPHIA, PA Suite, Apt. #, etc. 22 11TH FLOOR City & State 23 PHILADELPHIA, PA Zip 24 19107	2a. Mailing Address 25 100 PENN SQUARE EAST Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA
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3. Date Incorporated or Qualified 01/23/59	3a. Date of Last Report 12/31/95
4. FEI Number 23-1550311	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 169.032, Florida Statutes ☐ Yes ☒ No	

8. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 84 City PLANTATION	19. Name and Address of New Registered Agent 85 Zip Code FL 33324
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11. Pursuant to the provisions of Sections 607.0508 and 607.1808, 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 607.0508, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE PRESIDENT ☐ DELETE NAME NORBERT MCGETTIGAN STREET ADDRESS 3900 FORD RD. #20 PARK PLAZA CITY-ST-ZIP PHILADELPHIA, PA 19131	TITLE VICE-PRESIDENT ☐ DELETE NAME MARIANNE MCGETTIGAN STREET ADDRESS 861 VALLEY ROAD CITY-ST-ZIP BLUE BELL, PA 19422
TITLE SECRETARY ☐ DELETE NAME JOHN PINO STREET ADDRESS 1 CAMERON CIRCLE CITY-ST-ZIP LAUREL SPRINGS, NJ 08021	TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE
TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE	TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CHAIRMAN ☒ Change ☐ Addition 1.2 NAME NORBERT MCGETTIGAN 1.3 STREET ADDRESS 3900 FORD RD. #20 PARK PLAZA 1.4 CITY-ST-ZIP PHILADELPHIA, PA 19131	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME ☐ Change ☐ Addition 2.3 STREET ADDRESS ☐ Change ☐ Addition 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE PRESIDENT ☒ Change ☐ Addition 3.2 NAME JOHN PINO 3.3 STREET ADDRESS 1 CAMERON CIRCLE 3.4 CITY-ST-ZIP LAUREL SPRINGS, NJ 08021	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME ☐ Change ☐ Addition 4.3 STREET ADDRESS ☐ Change ☐ Addition 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY-ST-ZIP ☐ Change ☐ Addition	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME ☐ Change ☐ Addition 6.3 STREET ADDRESS ☐ Change ☐ Addition 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(c) 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 its 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 or is typed, or on an attachment with an address.

SIGNATURE: <i>Marianne McGettigan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 05/19/97	Daytime Phone # 500082182335 -05/19/97--01014--023 ***165.00
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