## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # F96000003781 May 08, 2000 8:00 am Secretary of State 1. Entity Name GET TRAVEL CORPORATION 05-08-2000 90133 019 \*\*\*150.00 Mailing Address Principal Place of Business 3355 VINCENT RD 3355 VINCENT RD PLEASANT HILL CA 94523 PLEASANT HILL CA 94523-4318 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 74-2377103 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired.\_\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zin Code 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. DATE 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DCP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME HUNTER, RIPLEY H III STREET ADDRESS 3355 VINCENT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLEASANT HILL CA 94523 Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, M DAVID NAME STREET ADDRESS STREET ADDRESS 2304 HANCOCK DR. STE 1-D CITY-ST-ZIP CITY-ST-ZIP AUSTIN-TX-78756 --☐ Change ☐ Addition ☐ Delete TITLE TITLE HUNTER, RICHARD S NAME NAME STREET ADDRESS STREET ADDRESS 3355 VINCENT RD CITY-ST-ZIP CITY-ST-ZIP PLEASANT HILL CA 94523 ☐ Addition ☐ Change ☐ Delete TITLE TITI F BADAGLIACCA, MARK NAME STREET ADDRESS STREET ADDRESS 5555 MELROSE AVE CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD CA 90038** Delete TITLE ☐ Change Addition | TITLE NAME MCQUEEN, GEOFFREY MAME STREET ADDRESS STREET ADDRESS 3355 VINCENT RD CITY-ST-ZIP CITY-ST-7IP PLEASANT HILL CA 94523 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR