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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003851

1. Corporation Name

TRAVEL REALTY CORPORATION

Principal Place	e of Business	Mailing Address					
12755 STATE HWY 55		12755 STATE HWY 55 ATTN: LEGAL DEPT					
ATTN: LEGAL DEPT MINNEAPOLIS MN 55441		MINNEAPOLIS MN 55441			DO NOT WRITE IN THIS SPACE		
WINNEST OLIO	WI 00441				3. Date Incorporated or Qualifed		
					07/23/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			41-1600274	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	_
24	25	29 30	5		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
	PORATION SERVICE COMPANY	1	82	Street	Address (P.O. Box Number is Not Acceptable)		
	HAYS STREET		"	0001	radioss (i .o. sox (valles is visit in property)		
TALL	AHAŞSEE FL 32301		83				_
	444		-	0'1		85 Zip (Code.
	1960 TO BY CT		84	City	F	L	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its	registered
office or re agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	a Statutes		oration's board of directors. Thereby accept the ap	pomernoria de re	gioloiou
SIGNATURE	Elevature based at printed game of registered ag	ent and title if applicable (NOTE: Re	edistered Adel	at signature i	required when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PC	▼ DELETE	1.1 TITLE		PCEOD	☐ Change	Addition
NAME	TANNER, TRAVIS	, ,	1.2 NAME		Jon Madonna		/
STREET ADDRESS	12755 STATE HWY 55	55		TADDRESS	12755 State Hwy55		
CITY-ST-ZIP			1.4 CITY-S		Minneapolis MN 55441		
TITLE	PD	DELETE	2.1 TITLE	1-247	VP-Finance	☐ Change	X Addition
NAME		221			vP-Finance		
	ZIEMER, DOUGLAS C.			T ADDRESS	TimoHennessy		
STREET ADDRESS	TEPOO OTTALE TANK OO				12755 State Hwy 55		
CITY-ST-ZIP			2.4 CITY-5)1-ZIP	Minneapolis MN 55441	[Change	Addition
TITLE	10		3.1 NAME				_
NAME	HOGAN, GERALD W		1	T 40000000			
STREET ADDRESS	12755 STATE HWY 55		1	TADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN	DELETE	3.4. C/TY-5 4.1 TITLE	31-ZIP		Change	Addition
TITLE	V	M ACTEIC					
NAME	MERSINGER, ROSS		4. 2 NAME				
STREET ADDRESS	12755 STATE HWY 55			TADDRESS			
CITY-\$T-ZIP	MINNEAPOLIS MN	F) bel ere	4.4 CITY-S	T- ZIP		☐ Change	Addition
TITLE	V	☐ DELETÉ	5.1 TITLE			□ criange	
NAME	GIANCOLA, JAMES		5.2 NAME	-			
STREET ADORESS	12755 STATE HWY 55			T ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-S	T-ZIP			E2 A 3400
TITLE	VPCD	DELETE	6.1 TITLE		Assistant Secretary	Change	X Addition
NAME	GRICKSON, ROBERT T.		6.2 NAME		Dan E. Lee		
STREET ADDRESS			6.3 STREE	T ADDRESS	12755 State Hwy 55		

14. 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 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 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 16 if chapter 607 an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP-

Tim Hennessy, VP-Fin.