

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003851

1. Entity Name

TRAVEL REALTY CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 048 ***150.00

Principal Place of Business 12755 STATE HWY 55 ATTN: LEGAL DEPT.. MINNEAPOLIS MN 55441	Mailing Address 12755 STATE HWY 55 ATTN: LEGAL DEPT.. MINNEAPOLIS MN 55441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1405 Xenium Lane NO.		3. Mailing Address P O Box 59159	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Minneapolis MN		City & State Minneapolis MN	
Zip 55441	Country USA	Zip 55459-8250	Country USA

4. FEI Number 41-1600274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE MADONNA, JON 12755 STATE HWY 55 MINNEAPOLIS MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENNESSY, TIM 12755 STATE HWY 55 MINNEAPOLIS MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOGAN, GERALD W 12755 STATE HWY 55 MINNEAPOLIS MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIANCOLA, JAMES 12755 STATE HWY 55 MINNEAPOLIS MN 55441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, DAN E 12755 STATE HWY 55 MINNEAPOLIS MN 55441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 Xenium Lane No.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Finance & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 Xenium Lane No. Minneapolis MN 55441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 Xenium Lane No
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 Xenium Lane No.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy J. Hennessy VP - Finance 4-20-00 763-212-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)