2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

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Entity Name: CARLSON WAGONLIT TRAVEL, INC.

Current Principal Place of Business:

1405 XENIUM LANE NO
MINNEAPOLIS, MN 55441

New Principal Place of Business:

1405 XENIUM LANE NORTH
PLYMOUTH, MN 55441

Current Mailing Address:

PO BOX 59159
ATTN: TAX DEPT
MINNEAPOLIS, MN 554498250

New Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

FEI Number: 41-1880007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHLEIEN, ROBIN
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: DVP ( ) Delete
Name: HENNESSY, TIMOTHY J
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: S ( ) Delete
Name: HOGAN, GERALD W
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: VPC ( ) Delete
Name: MADDOX, JERRY
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: CFO (X) Delete
Name: BLUHM, NICHOLAS
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: JOLY, HUBERT
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: DEV (X) Change ( ) Addition
Name: HENNESSY, TIMOTHY J
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: KOETTING, MICHAEL T
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. KOETTING CFO 04/19/2005

Electronic Signature of Signing Officer or Director — Date