

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004699

FILED
Apr 23, 2008
Secretary of State

Entity Name: CARLSON WAGONLIT TRAVEL, INC.

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

ATTN: TAX DEPARTMENT
701 CARLSON PARKWAY, MS 8250
MINNETONKA, MN 553058250

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: DCEO () Delete
Name: JOLY, HUBERT
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: CFO () Delete
Name: FRANCOU, NICHOLAS
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: S () Delete
Name: HOGAN, GERALD W
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: EVP () Delete
Name: KOETTING, MICHAEL T
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: V () Delete
Name: CREIGHTON, LINDA
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V (X) Change () Addition
Name: COFFMAN, JOHN
Address: 84 INVERNESS CIRCLE EAST
City-St-Zip: ENGLEWOOD, CO 80112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NICHOLAS FRANCOU

CFO

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date