

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004699

FILED
Apr 18, 2012
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
701 CARLSON PARKWAY, MS 8250
MINNETONKA, MN 553058250

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ANDERSON, DOUGLAS
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: CFO
Name: LISSICK, SARA
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

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

Title: V
Name: DENICOLA, NICK A
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: V
Name: COFFMAN, JOHN
Address: 11551 EASTER ARAPAHOE RD, SUITE 200
City-St-Zip: CENTENNIAL, CO 80112

Title: PD
Name: ERICSSON, HAKAN
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

I hereby 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 all other like empowered.

SIGNATURE: SARA LISSICK

CFO

04/18/2012

Electronic Signature of Signing Officer or Director

Date