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C. Coulliette AUG 0 6 2003



ACCOUNT NO. : 072100000032

REFERENCE : 157211

57211 435<u>19</u>9

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 3, 2003

ORDER TIME : 1:59 PM

ORDER NO. : 157211-090

CUSTOMER NO: 4351991

CUSTOMER: Mary Kay Jubert

Carlson Companies

1405 Xenium Lane North

Plymouth, MN 55441

## CHANGE OF AGENT

NAME: CARLSON WAGONLIT TRAVEL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	he provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508	, Florida Statutes,	
this statement	of change is submitted for a corpora	tion organized under the laws of th	ie State of	
Delaware	in order to change its regist	tered office or registered agent, or	both, in the State	
of Florida.				
1. The name o	of the corporation: CARLSON WAGONLIT	TRAVEL, INC.		
2. The princip	al office address:		7,003	
	um Lane No., Minneapolis, MN 55		LAH F	
			-6 LE	
	,		Mar R	
4. Date of inco	orporation/qualification: 09/09/1997	Document number: F9	70000 G 99 W	
	nd street address of the current register partment of State:	ered agent and registered office on	file with the	
	C T Corporation System		<del></del>	
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name a changed):	and street address of the new regist	ered agent (if changed) and /or re	egistered office (if	
•	Corporation Service Company			
	1201 Hays Street (P.O. Box or personal m	nailbox NOT acceptable)		
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	_ <b>_</b>	
The street add agent, as chan	ress of its registered office and the s ged will be identical.	treet address of the business office	e of its registered	
4//	vas authorized by resolution duly ad the board, or the corporation has bee	opted by its board of directors or be en notified in writing of the change	oy an officer so e.	
(Signature of an other	er, chairman or the board)	Blanca Lozada, Attorney in Fa (Printed or typed name and title)	act	
I hereby accep I further agree performance o registered age	of the appointment as registered age to comply with the provisions of all of my duties, and I am familiar with ont. Or, if this document is being file I hereby confirm that the corporati	l statutes relative to the proper an and accept the obligation of my po ed merely to reflect a change in the	d complete osition as e registered	
<del></del>	Sylve Occupant (Signature of Registered Agent)	July 28, 2003	<u> </u>	
	U	(Date)		
If signing on beh	•	- 1 to 11 to 12 to		
Sylvia Queppe	(Typed or Printed Name)	Assistant Vice President (Capacity)		

\* \* \* FILING FEE: \$35.00 \* \* \*