

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90580 016 \*\*\*150.00

**DOCUMENT # F98000000096**

1. Entity Name

**METRIS TRAVEL SERVICES INC.**

Principal Place of Business

Mailing Address

600 SOUTH HIGHWAY 169 SUITE 400  
 ST. LOUIS PARK MN 55426

600 SOUTH HIGHWAY 169 SUITE 400  
 ST. LOUIS PARK MN 55426

**00020734**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**10900 Wayzata Blvd**  
 Suite, Apt. #, etc.

**10900 Wayzata Blvd**  
 Suite, Apt. #, etc.

City & State

City & State

**Minnetonka, MN**

**Minnetonka, MN**

Zip  
**55305**

Country

Zip

**55305**

Country

4. FEI Number **41-1877702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	<b>ZEBECK, RONALD N</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	VC	<input type="checkbox"/> Delete
NAME	<b>SCALITI, DOUGLAS L</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>BARCLIFT, ZEANTA B</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	<b>WESSELINK, DAVID D</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>BENSON, JEAN C</b>	
STREET ADDRESS	<b>600 SOUTH HIGHWAY 169 SUITE 1800</b>	
CITY-ST-ZIP	<b>ST. LOUIS PARK MN 55426</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CEO D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zebeck, Ronald N</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
TITLE	<b>VC D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scaliti, Douglas L.</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Waller, Lorraine E</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
TITLE	<b>VC D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wesselink, David D.</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd.</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Benson, Jean C.</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John D. Armbruster</b>	
STREET ADDRESS	<b>10900 Wayzata Blvd.</b>	
CITY-ST-ZIP	<b>Minnetonka, MN 55305</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lorraine E. Waller-Secretary 1/29/01**

Date

Daytime Phone #

**(952)593-4774**

CR2E034 (10/00)