## 2000 UNIFORM BUSINESS REPORT (UBR)

OCUMEN	JT # F9	29000	<b>1001</b>	715	5

1. Entity Name

TRAVFI	TEC	UNIO	OGV.	INC
IDAVEL	11514	TINE 31	unar.	HWL

111/11 EE	rechnology, inc.					אר עס ארא פע ארן אריי	10.12
Principal Plac	ce of Business	Mailing Address				SEORETARY OF TALLAHASSEE, FL	STATE
% FRANCIS B. JACOBS II % FRANCI 300 DELAWARE AVE. 9TH FL-DE 5403 300 DELAW		% Francis B. Jacobs I 300 Delaware ave. 9TH Wilmington De 19901-10	vcis B. Jacobs II Laware ave. 9th Fl-de 5403			MILLANAUSEE, PE	.UNIDA
2. Principal P	Place of Business	3. Mailing Address	<del></del>				
Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State City & State		<del></del>			4. FEI Number APPLIED FOR		
Zìp	Country	Zip	Country 51-038895		-0388957 Sertificate of Status Desired Sertificate of Status Desired	Not Applicable  5 Additional	
	6. Name and Address of Curre	ent Registered Agent	_i	<u> </u>		Name and Address of New Registered Agent	equired
				Name		ooration System	<u> </u>
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				
TALL	AHASSEE FL 32301-2525					<del></del>	
				City	Plantat	ion <b>FL</b>	<sup>9 C</sup> 33324
8. The above	e named entity submits this statement with the statement of the statement of registered as	Steen SPE	VICK CIAL AS	Y GOLDS	-	4/07/00	
Tax filing r	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	ible FILE NOV After MAY 1, 2  Make Check Paya	2000 Fee	will be \$5	50.00		\$5.00 May Be Added to Fees
11.	OFFICERS A					DDITIONS/CHANGES TO OFFICERS AND DIREC	
		ND DIRECTORS	12.				
TITLE	PD	ND DIRECTORS  KXDelete	TITLE		Presid	lent, Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>₹X</b> Delete	TITLE NAMI STRE		Presid Patric 300 De		nange <b>KK</b> Addition
NAME STREET ADDRESS	PD VALES, JILL 300 DELAWARE AVE, 9TH FL WILMINGTON DE 19801 D	<b>₹X</b> Delete	TITLE NAME STREE CITY	E ET ADDRESS - ST-ZIP	Presid Patric 300 De Wilmin V	lent, Director GRAND GRA	nange <b>KK</b> Addition -DE 5403
NAME STREET ADDRESS CITY-ST-ZIP	PD VALES, JILL 300 DELAWARE AVE, 9TH FL WILMINGTON DE 19801 D MARAIST, ROBERT J 300 DELAWARE AVE, 9TH FL	-DE 5403	TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS - ST-ZIP	Presid Patric 300 De Wilmin V Suzann 300 De	lent, Director  k Doyle Taware Avenue; 19th Floor- ngton; DE 19801445  Le B. Bell Flaware Avenue, 9th Floor-	nange KXAddition -DE 5403  Nange XXAddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD VALES, JILL 300 DELAWARE AVE, 9TH FL WILMINGTON DE 19801 D MARAIST, ROBERT J	-DE 5403	TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP	Presid Patric 300 De Wilmin V Suzann 300 De Wilmin	lent, Director GR k Doyle Taware Avenue; 19th Floor- agton; DE 19801445 GR e B. Bell	nange XXAddition -DE 5403 -DE 5403 -DE 5403
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VALES, JILL 300 DELAWARE AVE, 9TH FL WILMINGTON DE 19801 D MARAIST, ROBERT J 300 DELAWARE AVE, 9TH FL WILMINGTON DE 19801 D SMITH, MILLY F	-DE 5403  Delete -DE 5403	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E E E E E E E E E E E E E E E E E E	Presid Patric 300 De Wilmin V Suzann 300 De Wilmin V, AS Linda	lent, Director CR k Doyle Taware Avenue; 19th Floor- ngton; DE 19801445  Le B. Bell Plaware Avenue, 9th Floor- ngton, DE 19801  Bubacz	Anange XXAddition  DE 5403  Anange XXAddition  DE 5403  Anange XI Addition
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13. I hereby certify that the information supplied with this filling 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: >

BUEQUIRE Suzanne B. Bell SUNTERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #