

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000001792**1. Entity Name  
TRAVEL MANAGEMENT CENTER, INC.

Principal Place of Business 300 DELAWARE AVENUE 9TH FL-DE 5403  WILMINGTON DE 19801	Mailing Address 300 DELAWARE AVENUE 9TH FL-DE 5403  WILMINGTON DE 19801
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**51-0388925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION  
33324

US

FL

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE	VAT	<input type="checkbox"/> Delete
NAME	DOBZYNSKI JOAN L	
STREET ADDRESS	300 DELAWARE AVENUE 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE 19801	

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH MILLY F	
STREET ADDRESS	300 DELAWARE AVE., 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARAIST ROBERT J	
STREET ADDRESS	300 DELAWARE AVE., 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	BUBACZ LINDA	
STREET ADDRESS	300 DELAWARE AVE., 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	VS	<input type="checkbox"/> Delete
NAME	JACOBS II FRANCIS B	
STREET ADDRESS	300 DELAWARE AVE., 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DOYLE PATRICK	
STREET ADDRESS	300 DELAWARE AVE., 9TH FL-DE 5403	
CITY-ST-ZIP	WILMINGTON DE	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: PATRICK DOYLE, PRESIDENT**

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04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)