

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90125 040 ***150.00

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1. Entity Name
NAVIGANT INTERNATIONAL/NORTHEAST, INC.



Principal Place of Business
112 PROSPECT STREET
STAMFORD CT 06905

Mailing Address
84 INVERNESS CIRCLE EAST
ATTN: BARBARA CHESEBRO
ENGLEWOOD CO 80112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Marte Parker

City & State

City & State

4. FEI Number 06-0954227

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CVD ☐ Delete
NAME ADAMS, EDWARD S
STREET ADDRESS 5401 SOUTH RACE COURT
CITY-ST-ZIP GREENWOOD VILLAGE CO 80121

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME GRIFFITH, ROBERT
STREET ADDRESS 3273 GREENSBOROUGH DRIVE
CITY-ST-ZIP HIGHLANDS RANCH CO 80126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DEFRANCO, SALVATORE A
STREET ADDRESS 27 HOYCLO ROAD
CITY-ST-ZIP STAMFORD CT 06902

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME SIKES, CHRISTINE A
STREET ADDRESS 112 PROSPEC STREET
CITY-ST-ZIP STAMFORD CT 06905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME OVER, EUGENE A JR.
STREET ADDRESS 2 SPYGLASS DRIVE
CITY-ST-ZIP LITTLETON CO 80123

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COFFMAN, JOHN S
STREET ADDRESS 7096 E. COSTILLA DRIVE
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers, directors, and persons empowered.

Eugene A. Over, Jr.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President and Secretary 1/10/03 303.706.0800

Date

Daytime Phone #

CR2E034 (10/02)