FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 19 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95519** **(1)**

1. Corporation Name

UNIGLOBE TRAVEL (TRANS AMERICA), INC.

Principal Place of Business	Mailing Address
3001 BETHEL RD #118 COLUMBUS OH 43220	3001 BETHEL RD #118 COLUMBUS OH 43220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1987**

3a. Date of Last Report: **04/20/1994**

21 2. Principal Place of Business	6465 REFLECTIONS DR
22 Suite, Apt. #, etc.	SUITE 240
23 City & State	DUBLIN OH
24 Zip / 25 Country	43017 / FRANKLIN
26 2a. Mailing Address	6465 REFLECTIONS DR
27 Suite, Apt. #, etc.	SUITE 240
28 City & State	DUBLIN OH
29 Zip / 30 Country	43017 / FRANKLIN

4. FEI Number: **59-2994647** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BEYER, DAVID A.
% RUDNICK & WOLFE
101 E. KENNEDY BLVD.,#2000
TAMPA FL 33602-2133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HART, WILLIAM, L	12 NAME	
STREET ADDRESS	3001 BETHEL RD #118	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BARTRAM, TRACY	22 NAME	
STREET ADDRESS	1199 W PENDER	23 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER, BC	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	LEVY, MICHAEL	32 NAME	
STREET ADDRESS	1199 W PENDER	33 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER, BC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SNYDER, STEPHEN, H	42 NAME	
STREET ADDRESS	3001 BETHEL RD	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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