SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
UNIGLOBE TRAVEL (TRANS AMERICA), INC.

Principal Place of Business	Mailing Address
6465 REFLECTIONS DR. SUITE 240 SUBLIN OH 43017 US	6465 REFLECTIONS DR. SUITE 240 DUBLIN OH 43017 US

2. Principal Place of Business	2a. Mailing Address
21 1199 West Pender St.	26 1199 West Pender St.
22 Suite #900	27 Suite 900
23 Vancouver BC	28 Vancouver BC
24 V6E 2R1 / 25 Canada	29 V6E 2R1 / 30 Canada

3. Date Incorporated or Qualified: **10/02/1987**
3a. Date of Last Report: **04/19/1995**
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when item 10 filled in) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HART, WILLIAM, L 3001 BETHEL RD #118 COLUMBUS OH	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/C/CEO GARY CHARLWOOD #900 – 1199 W. PENDER VANCOUVER BC CANADA V6E 2R1	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARTRAM, TRACY 1199 W PENDER VANCOUVER, BC	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/P MARTIN CHARLWOOD #900 – 1199 W. PENDER VANCOUVER BC CANADA V6E 2R1	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LEVY, MICHAEL 1199 W PENDER VANCOUVER, BC	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D DONALD LAWBY #900 – 1199 W. PENDER VANCOUVER BC CANADA V6E 2R1	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, STEPHEN, H 3001 BETHEL RD COLUMBUS OH	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	AS - ASSISTANT SECRETARY TRACEY PLETT #900 – 1199 W. PENDER VANCOUVER BC CANADA V6E 2R1	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ August 1/96 662-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TRACY BARTRAM