2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2004
Secretary of State

DOCUMENT# M01000002031

Entity Name: TRAVEL NEWCO, LLC

Current Principal Place of Business:

500 PLAZA DRIVE
SECAUCUS, NJ 07094

New Principal Place of Business:

Current Mailing Address:

500 PLAZA DRIVE
SECAUCUS, NJ 07094

New Mailing Address:

FEI Number: 04-3572119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	DAVIS, ANDREW C	
Address:	ONE DEFERAL ST., 23RD FLOOR	
City-St-Zip:	BOSTON, MA 02110	
Title:	MGR	( ) Delete
Name:	HUNDLEY, GEORGE	
Address:	500 PLAZA DRIVE	
City-St-Zip:	SECAUCUS, NJ 07094	
Title:	MGR	( ) Delete
Name:	MCILHENNY, THOEDORE	
Address:	500 PLAZA DRIVE	
City-St-Zip:	SECAUCUS, NJ 07094	
Title:	MGR	(X) Delete
Name:	WICKERSHAM, JOHN	
Address:	500 PLAZA DRIVE	
City-St-Zip:	SECAUCUS, NJ 07094	
Title:	MGR	( ) Delete
Name:	WRIGHT, TOM	
Address:	500 PLAZA DRIVE	
City-St-Zip:	SECAUCUS, NJ 07094	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOM WRIGHT MGR 08/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date