2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# M97000000426

Entity Name: GALILEO INTERNATIONAL, L.L.C.

Current Principal Place of Business:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

400 INTERPACE PARKWAY
PARSIPPANY, NJ 07054

Current Mailing Address:

1 CAMPUS DRIVE
LEGAL DEPT
PARSIPPANY, NJ 07054

New Mailing Address:

400 INTERPACE PARKWAY
PARSIPPANY, NJ 07054

FEI Number: 36-4169692 **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/MANAGERS:

Title: MGR ( ) Delete
Name: BUCKMAN, JAMES E
Address: 9 WEST 57TH ST., 37TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: MGR ( ) Delete
Name: BOCK, ERIC J
Address: 9 WEST 57TH ST., 37TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CLARKE, JEFF
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: MGR (X) Change ( ) Addition
Name: BOCK, ERIC J
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY HENNINGSON MGR 02/16/2007

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