FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P15591 (1)

1. Corporation Name
GETZ INTERNATIONAL TRAVEL, INC.

Principal Place of Business
150 POST ST.. SUITE 500
PO BOX 193994
SAN FRANCISCO CA 94108

Mailing Address
150 POST ST.. SUITE 500
PO BOX 193994
SAN FRANCISCO CA 94108

3. Date Incorporated or Qualified: 08/14/1987
3a. Date of Last Report: 04/27/1995
4. FEI Number: 94-2960663 — 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

2. Principal Place of Business
21 150 POST STREET
Suite, Apt. #, etc.
22 SUITE 430
City & State
23 SAN FRANCISCO, CA
Zip
24 94108
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name: (Same Registered Agent)
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, Ste. 105
83
84 City: Tallahassee, FL
85 Zip Code: 32301

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 ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	PRITZKER, ROBERT A.	
STREET ADDRESS	225 W. WASHINGTON STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTD	☐ DELETE
NAME	GLUTH, ROBERT C.	
STREET ADDRESS	225 W. WASHINGTON ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	PRITZKER, MAYARI S	
STREET ADDRESS	225 W WASHINGTON ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	☐ DELETE
NAME	MICHAEL, ADEL	
STREET ADDRESS	150 POST ST., #500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	☐ DELETE
NAME	WEBB, ROBERT W.	
STREET ADDRESS	225 W. WASHINGTON STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	☐ DELETE
NAME	KALICH, RONALD B	
STREET ADDRESS	150 POST ST 500	
CITY-ST-ZIP	SAN FRANSCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001822840	☐ Change ☐ Addition
5.2 NAME	-05/15/96--01084--002	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		AEB
6.3 STREET ADDRESS		5-1-96
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Adel Michael — Adel Michael — 4/29/96 — (415) 772-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #