1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P15591

1. Corporation Name

GETZ INTERNATIONAL TRAVEL, INC.

Principal Place of Business
150 POST ST., SUITE 430 SAN FRANCISCO CA 94108

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90168 023 ***150.00



Principal Place of Business Mailing Address							MI	INII BIBII INDI
150 POST ST	POST ST., SUITE 430 150 POST ST #500 FRANCISCO CA 94108 SAN FRANCISCO CA 94108							
SAN FRANCISCA	O CA 94106	US				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 08/14/1987		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	App	olied For
21		26				94-2960663	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional
22		27	27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	- 1
23		28	I			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	, ' — —			8. This corporation owes the current year		
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registe	red Agent	
PREI	NTICE-HALL CORPORATION SYS	TEM INC		"	Name			
1201 HAYS STREET		TEM, HO.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	E 105			83		WATER TO THE PARTY OF THE PARTY		****
	AHASSEE FL 32301							
				84	City		FL 85 Zip C	Code
44 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s. the a	bove	-named co	ornoration submits this statement for the purpos	se of changing its	registered
office or re	egistered agent, or both, in the State (of Florida. Such change was au	thorized	1 bv 1	the corpor	ation's board of directors. I hereby accept the a	ppointment as reg	gistered
	m familiar with, and accept the obligat	JUIS DI, SECIION 607.0303, FION	ua Stat	u.co.	•			
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Registered	i Agent	t signature req	guired when reinstating) DAT	E	
12.	OFFICERS AN	ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICER		
πιε	CD	☐ DELETE	1,1 Ti	TLE			Change	Addition
NAME	PRITZKER, ROBERT A.		1.2 NAME					
STREET ADDRESS	225 W. Washington Street)	1.3 STREE		ADDRESS			}
CITY-ST-ZIP	CHICAGO IL		1,4 CITY-5		r-ZiP	<u> </u>		Addition
TITLE	VTD	☐ DELETE	2.1 TI	TLE			☐ Change	☐ Addition
NAME	GLUTH, ROBERT C.		2.2 NAME					
STREET ADDRESS	225 W. WASHINGTON ST		2.3 STREET		ADDRESS	•		\
CITY-ST: ZIP :	CHICAGO IL		_	HY-S	T-ZIP		Change	Addition
TITLE	D DOTTED MAYADIA	☐ DELETE	3.1 ∏		[Change	
NAME	PRITZKER, MAYARI S		3.2 N					i
STREET ADDRESS	225 W WASHINGTON ST				ADDRESS			ļ
CITY-ST-ZIP	CHICAGO IL		3.4. C	ITY-S	T-ZIP		☐ Change	Addition
TITLE	VD Michael, adel	□ bereic						(1,144,144,144,144,144,144,144,144,144,1
NAME	150 POST ST., #500		4.2 N		ADDRESS			1
STREET ADDRESS	SAN FRANCISCO CA			TY-ST				1
CITY-ST-ZIP TITLE	S S	☐ DELETE	5.1 T	-	1-2IF		Change	Addition
NAME	WEBB, ROBERT W.		5.2 N			·	_ ,	_
STREET ADDRESS	225 W. WASHINGTON STREET	•			ADDRESS			
CITY-ST-ZIP	CHICAGO IL		5.4 C	ITY-ST	T-ZIP			
TITLE	P	☐ DELETE	6.1 T	TLE	-	P	Change	Addition
NAME	KALICH, RONALD B		6.2 N	AME		WALKER, TOM		
STREET ADDRESS	150 POST ST 500		6.3 5	TREET		150 POST ST 450		

SAN FRANSCISCO CA

14. I hereby certify that the information supplied with this filing 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: