

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37848

1. Corporation Name

GLOBAL VACATION GROUP, INC.

Principal Place of Business

1420 NEW YORK AVE., N.W.
SUITE 550
WASHINGTON DC 20005

Mailing Address

1420 NEW YORK AVE., N.W.
SUITE 550
WASHINGTON DC 20005

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90009 022 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1992

4. FEI Number

13-1894967

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 owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME BALLOU, ROGER H
STREET ADDRESS 1420 NEW YORK AVE., N.W., STE. 550
CITY-ST-ZIP WASHINGTON DC 20005

TITLE PCFO ☐ DELETE

NAME LEWIS, J. RAYMOND
STREET ADDRESS 1420 NEW YORK AVE., N.W., STE. 550
CITY-ST-ZIP WASHINGTON DC 20005

TITLE EVPT ☒ DELETE

NAME BERMAN, WALTER
STREET ADDRESS 1420 NEW YORK AVE., N.W., STE. 550
CITY-ST-ZIP WASHINGTON DC 20005

TITLE VPS ☒ DELETE

NAME RASKAS, DANIEL
STREET ADDRESS 1455 PENNSYLVANIA AVE., STE. 350
CITY-ST-ZIP WASHINGTON DC 20004

TITLE ATAS ☒ DELETE

NAME TEMPLE, CHRISTOPHER
STREET ADDRESS 1455 PENNSYLVANIA AVE., STE. 350
CITY-ST-ZIP WASHINGTON DC 20004

TITLE D ☐ DELETE

NAME RICKERTSEN, CARL J
STREET ADDRESS 1455 PENNSYLVANIA AVE., STE. 350
CITY-ST-ZIP WASHINGTON DC 20004

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 ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or changed, or dual attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)