## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P95000015560 1. Entity Name INTERVAL INTERNATIONAL HOLDINGS, INC. 03-23-2000 90010 039 \*\*\*150.00 Mailing Address Principal Place of Business 6262 SUNSET DRIVE 6262 SUNSET DRIVE MIAMI FL 33143 MIAMI FL 33143-4843 3. Mailing Address 2. Principal Place of Business Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0575608 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARBERT, JEANETTE E Street Address (P.O. Box Number is Not Acceptable) 6262 SUNSET DRIVE PH 1 MIAMI FL 33143 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ Change ☐ Addition ☐ Delete TITLE TITLE NAME NASH, CRAIG M NAME STREET ADDRESS 6262 SUNSET DR., PH 1 STREET ADDRESS CITY-ST-7IP MIAMI FL 33143 CITY-ST-ZIP DEVP K Change ☐ Addition ☐ Delete TITLE TITLE NAME RISHELL, PAUL W NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DR., PH 1 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143 X** Change Addition CF<sub>0</sub> ☐ Defete TITLE DREW, W. CARL DREW, CARL W NAME NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DRIVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33143 X Change **EVP** ☐ Addition ☐ Delete TITLE TITLE NAME MARBERT, JEANETTE E NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DRIVE CITY-ST-ZIP CITY-ST-7IF **MIAMI FL 33143** Change ☐ Addition ☐ Delete TITLE TITLE WEST, JENNIFER A. NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DRIVE, PH 1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 MIAMI FL √ Change Addition AS ☐ Delete TITLE TITLE NAME KINCKE, VICTORIA J NAME STREET ADDRESS 6262 SUNSET DR PH 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Victoria J. Kincke SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR