

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000015560

1. Entity Name
INTERVAL INTERNATIONAL HOLDINGS, INC.



FILED

07 MAR -9 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6262 SUNSET DRIVE
PH 1
MIAMI, FL 33143**

Mailing Address
**6262 SUNSET DRIVE
PH 1
MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02212007 Chg-P CR2E034 (12/06) **07**

6. Name and Address of Current Registered Agent
**MARBERT, JEANETTE E
6262 SUNSET DRIVE
PH 1
MIAMI, FL 33143**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

400092282514
03/12/07--01017--017 **158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NASH, CRAIG M 6262 SUNSET DR., PH 1 MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO DREW, W. CARL 6262 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MARBERT, JEANETTE E 6262 SUNSET DRIVE MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEST, JENNIFER A. 6262 SUNSET DRIVE, PH 1 MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINCKE, VICTORIA J 6262 SUNSET DR PH 1 MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO John A. Galea 6262 Sunset Dr. Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Victoria J. Kincke* **3/6/07** **305-666-1861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Genuine Phone #
Victoria J. Kincke, Secretary