


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91394 030 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <i>995000025475</i>			
<b>1. Entity Name</b> <i>Vacation Break Welcome Centers, Inc.</i>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 8427 South Park Circle		<b>3. Mailing Address</b> 1 Campus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3B Legal Department	
City & State Orlando, FL		City & State Parsippany, NJ	
Zip 32819	Country USA	Zip 07054	Country USA
<b>4. FEI Number</b> 65-0608314		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable)			
1201 Hays Street			
City Tallahassee		FL	Zip Code 32301
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director/EVP James E. Buckman 9 West 57th Street, 37th Floor New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director/CEO Stephen P. Holmes 1 Campus Drive Parsippany, NJ 07054	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director David B. Wyshner 1 Campus Drive Parsippany, NJ 07054	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Franz S. Hanning 8427 South Park Circle Orlando, FL 32819	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph Huber 1 Campus Drive Parsippany, NJ 07054	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary/EVP Eric J. Bock 9 West 57th Street, 37th Floor New York, NY 10019	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>12. 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 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Joseph Huber</i>		<b>Joseph Huber, VP</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/18/03</b>	<small>Daytime Phone #</small>

CR2E034B (12/02)