

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067737

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** TRUST INTERNATIONAL HOTEL RESERVATION SERVICES, INC.

**Current Principal Place of Business:**

1155 SOUTH SEMORAN BLVD, STE 1129  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1155 SOUTH SEMORAN BLVD, STE 1129  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3500280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BREWSTER, BENJAMIN  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

Title: T ( ) Delete  
Name: HERMANN, DETLEF  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP ( ) Delete  
Name: IHENFELD, CHRISTOPH  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete  
Name: KANDERS, STEFANIE  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP ( ) Delete  
Name: SCHMIDT, SUSANNE DREWES  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete  
Name: WIEGMANN, RICHARD  
Address: 400 INTERPACE PARKWAY, BLDG A  
City-St-Zip: PARSIPPANY, NJ 07054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DETLEF HERMANN

T

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date