

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104810

FILED
Mar 11, 2008
Secretary of State

Entity Name: THOMAS COOK DESTINATION SERVICES, INC.

Current Principal Place of Business:

1650 SAND LAKE RD
STE 300
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1650 SAND LAKE RD
STE 300
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3547118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: MCMAHON, G J
Address: 1650 SANDLAKE RD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: POLE, P
Address: 1650 SANDLAKE ROAD STE 300
City-St-Zip: ORLANDO, FL 32809

Title: P () Delete
Name: GRIMBALDESTON, JOAN
Address: 1650 SANDLAKE RD
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: SMITH, KEVIN
Address: 1650 SANDLAKE RD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALLISEY, MICHAEL
Address: 1650 SANDLAKE RD
City-St-Zip: ORLANDO, FL 32809

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: KEVIN SMITH

S

03/11/2008

Electronic Signature of Signing Officer or Director

Date