

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004746

FILED
Apr 19, 2011
Secretary of State

Entity Name: THE INDEPENDENT TRAVELER, INC.

Current Principal Place of Business:

2 TREE FARM ROAD
SUITE B-300
PENNINGTON, NJ 08534

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT
333 108TH AVENUE NE
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 22-3413070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D
Name: KHOSROWSHAH, DARA
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

Title: DEVP
Name: NORTON, BURKE F
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

Title: ASEC
Name: MARRON, MICHAEL S
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

Title: P
Name: TUCKER, KATHLEEN
Address: 2 TREE FARM ROAD #B-300
City-St-Zip: PENNINGTON, NJ 08534

Title: TREA
Name: HAAS, STUART
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

Title: VP
Name: ERSKINE, FRANCES
Address: 333 108TH AVENUE NE
City-St-Zip: BELLEVUE, WA 98004

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. MARRON

ASEC

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date