

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 045 ***150.00

DOCUMENT # P09797

1. Entity Name

SAMMONS TOURS NEW YORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5949 Sherry Lane.

3. Mailing Address

5949 Sherry Lane

Suite, Apt. #, etc.

Suite 1900

Suite, Apt. #, etc.

Suite 1900

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75225

Country

USA

Zip

75225

Country

USA

4. FEI Number

16-1139269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President & Director	TITLE	
NAME	Robert W. Korba	NAME	
STREET ADDRESS	5949 Sherry Lane, Suite 1900	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75225	CITY-ST-ZIP	
TITLE	VP, General Counsel, & Secretary	TITLE	
NAME	John H. Washburn	NAME	
STREET ADDRESS	5949 Sherry Lane, Suite 1900	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75225	CITY-ST-ZIP	
TITLE	VP-Tax & Treasurer & Director	TITLE	
NAME	Joseph A. Ethridge	NAME	
STREET ADDRESS	5949 Sherry Lane, Suite 1900	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75225	CITY-ST-ZIP	
TITLE	Assistant Secretary	TITLE	
NAME	Susan Garza	NAME	
STREET ADDRESS	5949 Sherry Lane, Suite 1900	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75225	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Joseph A. Ethridge

Joseph A. Ethridge

4-11-02

214-210-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)