

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