



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3400

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85279		2. Name of Corporation Travelers Group Exchange			
3. Street Address Principal Business Office 399 Park Avenue			City New York	State NY	Zip 10022
4. Business Phone No. 203-862-2027		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Inactive					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL SCHLEIN			Vice President Name LEWIS KADEN		
Street Address 399 PARK AVE.			Street Address 399 PARK AVE.		
City NY	State NY	Zip 10022	City NY	State NY	Zip 10022
Secretary Name ALAN L INGBER			Treasurer Name GREG EHIKE		
Street Address 95 HOLLY HILL LANE			Street Address 153 E. 53RD ST		
City GREENWICH	State CT	Zip 06830	City NY	State NY	Zip 10022
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VIKRAM PANDIT			Director Name		
Street Address 399 PARK AVE			Street Address		
City NY	State NY	Zip 10022	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 Common			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Per Value
			100	Common	\$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Seth L. Cohen Date: 2/1/09

Print or Type Name
Seth L. Cohen

Assistant Secretary

Title

File Date

2-25-09

Check No.

5120135875

By:

mnc

FOR SECRETARY OF STATE USE ONLY

ATTACHMENT

SECTION 7 Names and Addresses of officers:

Secretary
Seth L. Cohen
75 Holly Hill Lane
Greenwich, CT 06830

FILED

FEB 25 2009

By AMC

PD # 85279