



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84707		2. Name of Corporation LIBERTY TRAVEL, INC.			
3. Street Address Principal Business Office 69 Spring St			City Ramsey	State NJ	Zip 07446
4. Business Phone No. 201-934-3500		5. State of Incorporation NEW YORK		6. SIC Code 6635	
7. Brief Description of the Character of Business Conducted in Rhode Island TRAVEL AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gilbert Haroche			Vice President Name Michelle Kassner		
Street Address 69 Spring Street			Street Address 69 Spring Street		
City Ramsey	State NJ	Zip 07446	City Ramsey	State NJ	Zip 07446
Secretary Name Andre Haroche			Treasurer Name Andre Haroche		
Street Address 69 Spring Street			Street Address 69 Spring Street		
City Ramsey	State NJ	Zip 07446	City Ramsey	State NJ	Zip 07446
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gilbert Haroche			Director Name Michelle Kassner		
Street Address 69 Spring Street			Street Address 69 Spring Street		
City Ramsey	State NJ	Zip 07446	City Ramsey	State NJ	Zip 07446
Director Name Andre Haroche			Director Name Charlene Haroche		
Street Address 69 Spring St			Street Address 69 Spring Street		
City Ramsey	State NJ	Zip 07446	City Ramsey	State NJ	Zip 07446
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
21,000	COMM	\$.01 PAR VALUE	200	Common A	.01
			9800	Common B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*84707\*

File Date 2.28.05  
Check No. 107462  
By: 2  
FOR SECRETARY OF STATE USE ONLY

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] 2-23-05  
Signature of Officer Date  
Gilbert Haroche  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (84707), 2. Name of Corporation (LIBERTY TRAVEL, INC.), 3. Street Address (69 Spring Street), 4. Business Phone No. (201-934-3692), 5. State of Incorporation (NEW YORK), 6. SIC Code (6635), 7. Brief Description of the Character of Business (TRAVEL AGENCY), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Gilbert Haroche, Vice President: Michelle Kassner), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Gilbert Haroche, Director: Genda Kassner, Director: Michelle Kassner, Director: Ellen Teitelbaum), 10. SHARES AUTHORIZED (21,000 COMM \$0.01 PAR VALUE), 11. SHARES ISSUED (200 Common A, 9800 Common B).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 0 7 \*

File Date: 3-1-04
Check No.: 779310
By: ICP
FOR SECRETARY OF STATE USE ONLY

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 of Officer: Gilbert Haroche
Date: 2/25/04
Print or Type Name of Officer: Gilbert Haroche
Title of Officer: PRES.

# ***LIBERTY TRAVEL®***

69 SPRING STREET • P.O. BOX 507 • RAMSEY, NJ 07446-0507 • (201) 934-3500  
• FAX (201) 934-3888 • TELEX: 3728935  
WORLD HEADQUARTERS

**Corporate ID: 84707**

## **Directors**

**Gilbert Haroche**  
69 Spring Street  
Ramsey, NJ 07446

**Michelle Kassner**  
69 Spring Street  
Ramsey, NJ 07446

**Gerda Kassner**  
69 Spring Street  
Ramsey, NJ 07446

**Ellen Teitelbaum**  
69 Spring Street  
Ramsey, NJ 07446

**Charlene Haroche**  
69 Spring Street  
Ramsey, NJ 07446

**Andre Haroche**  
69 Spring Street  
Ramsey, NJ 07446



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **84707** 2. Name of Corporation **LIBERTY TRAVEL, INC.**  
3. Street Address Principal Business Office **69 SPRING ST** City **RAMSEY** State **NJ** Zip **07446**  
4. Business Phone No. **(201)934-3500** 5. State of Incorporation **NEW YORK** 6. SIC Code **6635**  
7. Brief Description of the Character of Business Conducted in Rhode Island **TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>GILBERT HAROCHE</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>	Vice President Name <b>MICHELLE KASSNER</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>
Secretary Name <b>ANONIE HAROCHE</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>	Treasurer Name <b>ANONIE HAROCHE</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>GILBERT HAROCHE</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>	Director Name <b>MICHELLE KASSNER</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>
Director Name <b>ANONIE HAROCHE</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>	Director Name <b>ELLEN TEITELBAUM</b> Street Address <b>69 SPRING ST</b> City <b>RAMSEY</b> State <b>NJ</b> Zip <b>07446</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
21,000	COMM	\$.01 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
200	COMMON A	.01
9800	COMMON B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 0 7 \*

File Date: 1-31-03  
Check No.: 991786  
By: UP

FOR SECRETARY OF STATE USE ONLY

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]*  
Signature of Officer \_\_\_\_\_ Date 1/29/03

**ANONIE HAROCHE**  
Print or Type Name of Officer

**SECRETARY/TREASURER**  
Title of Officer

**LIBERTY TRAVEL, INC.**

**ID# 84707**

**ADDITIONAL DIRECTORS**

1. CHARLENE HAROCHE 69 SPRING ST RAMSEY NJ 07446
2. GERDA KASSNER 69 SPRING ST RAMSEY NJ 07446



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84707** 2. Name of Corporation **LIBERTY TRAVEL, INC.**  
3. Street Address Principal Business Office **69 Spring St** City **Ramsey** State **NJ** Zip **07446**  
4. Business Phone No. **(201) 934-3500** 5. State of Incorporation **NEW YORK** 6. SIC Code **6635**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Travel Agency**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gilbert Haroche</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>	Vice President Name <b>Michelle Kassner</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>
Secretary Name <b>Richard Cowlan</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>	Treasurer Name <b>Richard Cowlan</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Gilbert Haroche</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>	Director Name <b>Michelle Kassner</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>
Director Name <b>Gerda Kassner</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>	Director Name <b>Ellen Teitelbaum</b> Street Address <b>69 Spring St</b> City <b>Ramsey</b> State <b>NJ</b> Zip <b>07446</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	21,000	COMM \$01 PAR VALUE	
	1,000	Common A	.01
	20,000	Common B	.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common A	.01
	9,800	Common B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 0 7 \*

File Date: 1-14-02  
Check No: 8882  
By: [Signature]

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] 1/11/02  
Signature of Officer Date  
RICHARD COWLAN  
Print or Type Name of Officer  
SECRETARY/TREASURER  
Title of Officer

**LIBERTY TRAVEL, INC.  
DIRECTORS**

1. CHARLENE HAROCHE	69 SPRING ST	RAMSEY	NJ	07446
2. ANDRE HAROCHE	69 SPRING ST	RAMSEY	NJ	07446



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84707**      2. Name of Corporation **LIBERTY TRAVEL, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**69 SPRING STREET**      **RAMSEY**      **NJ**      **07446**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(201) 934-3500**      **NEW YORK**      **8635**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	GILBERT HAROCHE	Vice President Name	MICHELLE KASSNER
Street Address	69 SPRING STREET	Street Address	69 SPRING STREET
City	RAMSEY NJ 07446	City	RAMSEY NJ 07446
Secretary Name	RICHARD COWLAN	Treasurer Name	RICHARD COWLAN
Street Address	69 SPRING STREET	Street Address	69 SPRING STREET
City	RAMSEY NJ 07446	City	RAMSEY NJ 07446

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	GILBERT HAROCHE	Director Name	MICHELLE KASSNER
Street Address	69 SPRING STREET	Street Address	69 SPRING STREET
City	RAMSEY NJ 07446	City	RAMSEY NJ 07446
Director Name	GERDA KASSNER	Director Name	ELLEN TEITELBAUM
Street Address	69 SPRING STREET	Street Address	69 SPRING STREET
City	RAMSEY NJ 07446	City	RAMSEY NJ 07446

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000	COMMON A	.01
20,000	COMMON B	.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
200	COMMON A	.01
9800	COMMON B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 4 7 0 7 \*

File Date: 2/28  
Check No.: 750490  
By: [Signature]

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]      FEBRUARY 22, 2001  
Signature of Officer      Date

RICHARD COWLAN  
Print or Type Name of Officer  
TREASURER  
Title of Officer

**Liberty Travel, Inc.**  
**Directors**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Charlene Haroche	69 Spring St.	Ramsey	NJ	07446
Andre Haroche	69 Spring St.	Ramsey	NJ	07446



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84707** 2. Name of Corporation **LIBERTY TRAVEL, INC.**  
3. Street Address Principal Business Office  
**69 SPRING STREET** City **RAMSEY** State **NJ** Zip **07446**  
4. Business Phone No. **(201) 934-3500** 5. State of Incorporation **NEW YORK**  
6. SIC Code **6635**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **GILBERT HAROCHE**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Vice President Name **MICHELLE KASSNER**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Secretary Name **RICHARD COWLAN**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Treasurer Name **RICHARD COWLAN**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **GILBERT HAROCHE**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Director Name **ELLEN TEITELBAUM**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Director Name **MICHELLE KASSNER**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

Director Name **GERDA KASSNER**  
Street Address  
**69 SPRING STREET**  
City **RAMSEY** State **NJ** Zip **07446**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000	COMMON A	.01
20,000	COMMON B	.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
200	COMMON A	.01
9800	COMMON B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 8 4 7 0 7 \*

File Date: 2/17/00  
Check No.: 389648  
By: [Signature]

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] Date 2/11/00  
Signature of Officer

RICHARD COWLAN  
Print or Type Name of Officer

SECRETARY/TREASURER  
Title of Officer

**Liberty Travel, Inc  
Directors**

---

<i>Name</i>	<i>Address</i>	<i>Town/City</i>	<i>State</i>	<i>Zip</i>
Charlene Haroche	69 Spring St.	Ramsey	New Jersey	07446
Maurice Haroche	69 Spring St.	Ramsey	New Jersey	07446



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>84707</b>		2. Name of Corporation <b>LIBERTY TRAVEL, INC.</b>	
3. Street Address Principal Business Office <b>69 SPRING STREET</b>		City <b>RAMSEY</b>	State <b>NJ</b>
		Zip <b>07446</b>	
4. Business Phone No. <b>(201) 934-3500</b>	5. State of Incorporation <b>NEW YORK</b>		6. SIC Code <b>6635</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TRAVEL AGENCY</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>GILBERT HAROCHE</b>		Vice President Name <b>MICHELLE KASSNER</b>	
Street Address <b>69 SPRING STREET</b>		Street Address <b>69 SPRING STREET</b>	
City <b>RAMSEY</b>	State <b>NJ</b>	City <b>RAMSEY</b>	State <b>NJ</b>
Zip <b>07446</b>		Zip <b>07446</b>	
Secretary Name <b>RICHARD COWLAN</b>		Treasurer Name <b>RICHARD COWLAN</b>	
Street Address <b>69 SPRING STREET</b>		Street Address <b>69 SPRING STREET</b>	
City <b>RAMSEY</b>	State <b>NJ</b>	City <b>RAMSEY</b>	State <b>NJ</b>
Zip <b>07446</b>		Zip <b>07446</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>GILBERT HAROCHE</b>		Director Name <b>ELLEN TEITELBAUM</b>	
Street Address <b>69 SPRING STREET</b>		Street Address <b>69 SPRING STREET</b>	
City <b>RAMSEY</b>	State <b>NJ</b>	City <b>RAMSEY</b>	State <b>NJ</b>
Zip <b>07446</b>		Zip <b>07446</b>	
Director Name <b>MICHELLE KASSNER</b>		Director Name <b>GERDA KASSNER</b>	
Street Address <b>69 SPRING STREET</b>		Street Address <b>69 SPRING STREET</b>	
City <b>RAMSEY</b>	State <b>NJ</b>	City <b>RAMSEY</b>	State <b>NJ</b>
Zip <b>07446</b>		Zip <b>07446</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
1,000	COMMON A	.01	200
20,000	COMMON B	.01	9800
			COMMON A
			COMMON B

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



★ 8 4 7 0 7 ★

File Date: Jan 21, 99

Check No.: 069830

By: RS

FOR SECRETARY OF STATE USE ONLY

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] 1/8/99  
Signature of Officer Date

**RICHARD COWLAN**  
Print or Type Name of Officer  
**SECRETARY/TREASURER**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>84707</b>		2. Name of Corporation <b>LIBERTY TRAVEL, INC.</b>			
3. Street Address Principal Business Office <b>69 SPRING STREET</b>			City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>
4. Business Phone No. <b>(201) 934-3500</b>		5. State of Incorporation <b>NEW YORK</b>		6. SIC Code <b>6835</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TRAVEL AGENCY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>GILBERT HAROCHE</b>			Vice President Name <b>NONE</b>		
Street Address <b>69 SPRING STREET</b>			Street Address		
City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>	City	State	Zip
Secretary Name <b>RICHARD COWLAN</b>			Treasurer Name <b>RICHARD COWLAN</b>		
Street Address <b>69 SPRING STREET</b>			Street Address <b>69 SPRING STREET</b>		
City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>	City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>GILBERT HAROCHE</b>			Director Name		
Street Address <b>69 SPRING STREET</b>			Street Address		
City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>	City	State	Zip
Director Name <b>FRED KASSNER</b>			Director Name		
Street Address <b>69 SPRING STREET</b>			Street Address		
City <b>RAMSEY</b>	State <b>NJ</b>	Zip <b>07446</b>	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON A	.01	200	COMMON A	.01
20,000	COMMON B	.01	9800	COMMON B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/2/98  
Check No.: 80123  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 1/29/98  
Signature of Officer Date  
**RICHARD COWLAN**  
Print or Type Name of Officer  
**SECRETARY/TREASURER**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84707**  
2. Name of Corporation **LIBERTY TRAVEL, INC.**  
3. Street Address Principal Business Office  
**69 SPRING STREET**  
4. Business Phone No. **(201) 934-3500**  
5. State of Incorporation **NEW YORK**

City **RAMSEY** State **NJ** Zip **07446**  
6. SIC Code **6635**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TRAVEL AGENCY**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>GILBERT HAROCHE</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b> Secretary Name <b>RICHARD COWLAN</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b>	Vice President Name <b>NONE</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b> Treasurer Name <b>RICHARD COWLAN</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>GILBERT HAROCHE</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b> Director Name <b>FRED KASSNER</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b>	Director Name <b>GILBERT HAROCHE</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b> Director Name <b>FRED KASSNER</b> Street Address <b>69 SPRING STREET</b> City State Zip <b>RAMSEY NJ 07446</b>
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**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON A	.01	200	COMMON A	.01
20,000	COMMON B	.01	9800	COMMON B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/21/97  
Check No.: 536367  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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 of Officer: [Signature] Date: 1/17/97  
**RICHARD COWLAN**  
Print or Type Name of Officer  
**SECRETARY/TREASURER**  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84707		2. NAME OF CORPORATION LIBERTY TRAVEL, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 69 SPRING ST		CITY RAMSEY	STATE NJ
4. BUSINESS PHONE NO. (201) 934-3500		5. STATE OF INCORPORATION NEW YORK	6. SIC CODE 6635
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND TRAVEL AGENCY			

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME GILBERT HAROCHE			VICE PRESIDENT NAME NONE		
STREET ADDRESS 69 SPRING ST			STREET ADDRESS		
CITY RAMSEY	STATE NJ	ZIP CODE 07446	CITY	STATE	ZIP CODE
SECRETARY NAME RICHARD COWLAN			TREASURER NAME RICHARD COWLAN		
STREET ADDRESS 69 SPRING ST			STREET ADDRESS 69 SPRING ST		
CITY RAMSEY	STATE NJ	ZIP CODE 07446	CITY RAMSEY	STATE NJ	ZIP CODE 07446

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME GILBERT HAROCHE			DIRECTOR NAME FRED KASSNER		
STREET ADDRESS 69 SPRING ST			STREET ADDRESS 69 SPRING ST		
CITY RAMSEY	STATE NJ	ZIP CODE 07446	CITY RAMSEY	STATE NJ	ZIP CODE 07446
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
20,000	Common B	.01	9800	Common B	.01
1,000	Common A	.01	200	Common A	.01

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/14/96

Check No: 310636

By: CP  
For Secretary of State Use Only

X  
Signature of Officer

RICHARD COWLAN  
Print or Type Name of Officer

SECRETARY/TREASURER  
Title of Officer

2/12/96  
Date