

1.) CORPORATION NAME:

**CW Government Travel, Inc.**

DUE DATE: **9/30/2011**

SCC ID NO: **F1308487**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 CARLSON PARKWAY

CITY/ST/ZIP: MINNETONKA, MN 55305-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TAMI BUNTGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AST GC/A SEC		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	GERALD W HOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC/S		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	JAMES HOTZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	MATTHEW A. BEATTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	DOUGLAS ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB & CEO		
ADDRESS:	701 CARLSON PARKWAY		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC STEC VICE PRESIDENT 4300 WILSON BLVD, STE 500 ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICK A. DENICOLA VICE PRESIDENT 701 CARLSON PARKWAY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN O'NEILL VICE COB 701 CARLSON PARKWAY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA LISSICK VICE PRESIDENT 701 CARLSON PARKWAY MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES HOTZE	JAMES HOTZE, VP/CFO	9/21/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.