

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215518194
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1.) CORPORATION NAME: Travel Impressions, Ltd.	DUE DATE: 5/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA	SCC ID NO: F1791906				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: DE					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 465 SMITH STREET

CITY/ST/ZIP: FARMINGDALE, NY 11735

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY MULLEN		
TITLE: PRESIDENT		
ADDRESS: 7 CAMPUS BLVD		
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY MULLEN		
TITLE: PRESIDENT		
ADDRESS: 7 CAMPUS BLVD		
CITY/ST/ZIP/CO: NWETOWN SQUARE, PA 19073		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAVIER COLI		
TITLE: EXECUTIVE VP		
ADDRESS: 7 CAMPUS BLVD		
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIA DAVIDSON		
TITLE: SECRETARY		
ADDRESS: 7 CAMPUSH BLVD		
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN HUTCHINSON		
TITLE: TREA/CFO		
ADDRESS: 7 CAMPUS BLVD		
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073		

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/ JULIA DAVIDSON	JULIA DAVIDSON, SECRETARY	5/11/2015
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.