| No. W 2133   |  | Annual Report Form  Due No Later Than November 30,   | NATIONA                     | ent and Office NOT  | RED AGE    |
|--|--|--|-----------------------------|---------------------|------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing APOL<br>APOL<br>AUDR<br>2550    | EY RUBIN   |                             | 3ANNOCK<br>ID       | S3702      |
| NO FEE REQUIRED  |  |  | 3. Organized Ur             | ider the Laws of:   |            |
| * FIRST NOTIC  | E * ROLL                                   | ING MEADOWS IL 50008   | IL                          | ₩ 2                 | 188        |
| Corporations: Enter N<br>Limited Liability Comp  | ames and Addresses<br>anies: Enter Names a | s of President, Secretary and Directors and Addresses of   Managers or   In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Managers or    In Manag | Members (check one)         |                     |            |
| Office held  | Name                                       | Street or P.O. Address   | City                        | State               | <u>Zip</u> |
| Apollo Travel Se   | rvices Partne                              | rship 2550 West Golf Road  | Rolling Meado               | ws, IL              | 60008      |
| Apollo Travel Se   | rvices Fartne                              | rship 2550 West Golf Road  | , Rolling Meado             | ws, IL              | 60008      |
| Apollo Travel Se   | rvices Fartne                              | rship 2550 West Golf Road  | , Rolling Meado             | ws, IL              | 60008      |
| Apollo Travel Se   | rvices Fartne                              | rship 2550 West Golf Road  | , Rolling Meado             | ws, IL              | ,,,,,,     |
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|  |  | 6. I certify that this Annual Report h knowledge true, correct and comp  | as been examined by nolete. | ne and is to the b  | est of my  |
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