2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# F06000002398

Entity Name: VAIL RR, INC.

Current Principal Place of Business:

390 INTERLOCKEN CRESCENT
SUITE 1000
BROOMFIELD, CO 80021

New Principal Place of Business:

390 INTERLOCKEN CRESCENT
BROOMFIELD, CO 80021

Current Mailing Address:

390 INTERLOCKEN CRESCENT
SUITE 1000
BROOMFIELD, CO 80021

New Mailing Address:

390 INTERLOCKEN CRESCENT
BROOMFIELD, CO 80021

FEI Number: 84-1606210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete
Name: JONES, JEFFREY W
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

Title: SVP ( ) Delete
Name: ARNOLD, FIONA E
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

Title: CAO ( ) Delete
Name: SCHOPPET, MARK
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

Title: CEO ( ) Delete
Name: KATZ, ROBERT A
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECY (X) Change ( ) Addition
Name: ARNOLD, FIONA E
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SVP ( ) Change (X) Addition
Name: TONER, PAUL G
Address: 390 INTERLOCKEN CRESCENT
City-St-Zip: BROOMFIELD, CO 80021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCHOPPET CAO 10/27/2009

Electronic Signature of Signing Officer or Director — Date