## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000122628

Entity Name: WALT DISNEY TRAVEL CO., INC.

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 190 CENTER STREET PROMENADE **SUITE 1955** ANAHEIM, CA 92805 **Current Mailing Address: New Mailing Address:** 190 CENTER STREET PROMENADE 500 S BUENA VISTA STREET **SUITE 1955** BURBANK, CA 91521 ANAHEIM, CA 92805 FEI Number: 95-2553603 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition REED, MARSHA L Name: Name: 500 S. BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUETTNER, ANNE L Name: 500 S. BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RASULO, JAMES A Name: Name: 500 S. BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: () Delete Title: () Change () Addition GARFIELD, RANDY A Name: Name: Address: 3020 MAINGATE LANE, STE 2802 Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: Title: Title: () Delete () Change () Addition HANFORD, JAMES D Name: Name: 500 S. BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, DAVID K Name: Name: 500 S. BUENA VISTA STREET Address: Address: City-St-Zip: City-St-Zip: BURBANK, CA 91521

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: MARSHA L. REED S 04/25/2008