


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P17652 (9)**

1. Corporation Name  
**EURO DISNEY CORPORATION**



Principal Place of Business <b>500 SOUTH BUENA VISTA STREET                  BURBANK CA 91521                  US</b>	Mailing Address <b>500 SOUTH BUENA VISTA STREET                  BURBANK CA 91521-0340                  US</b>
--	---

2. Principal Place of Business	2a. Mailing Address
21	26 <b>500 SOUTH BUENA VISTA STREET</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 <b>BURBANK, CA</b>
24 Zip	29 <b>91521-0586</b>
25 Country	30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/14/1988</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>95-4109138</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRANK S. IOPOLO  
 1375 BUENA VISTA DR 4TH FL N  
 LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GREEN, JUDSON C</b>	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	
CITY - ST - ZIP	<b>BURBANK CA 91521</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>REED, MARSHA L</b>	
STREET ADDRESS	<b>500 S BUENA VISTA ST</b>	
CITY - ST - ZIP	<b>BURBANK CA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LITVACK, SANFORD M</b>	
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>	
CITY - ST - ZIP	<b>BURBANK CA</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, FARRIS E</b>	
STREET ADDRESS	<b>1375 BUENA VISTA ST.</b>	
CITY - ST - ZIP	<b>LAKE BUENA FL 32830</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>AT BUETTNER, ANNE L.</b>
5.3 STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>
5.4 CITY - ST - ZIP	<b>BURBANK, CA 91521</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* **4/18/96** **(818) 560-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)