

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90075 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17652

1. Corporation Name
EURO DISNEY CORPORATION



Principal Place of Business 500 SOUTH BUENA VISTA STREET BURBANK CA 91521 US	Mailing Address 500 SOUTH BUENA VISTA STREET BURBANK CA 91521-0586 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/14/1988 4. FEI Number 95-4109138 5. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent FRANK S. IOPPOLO 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 FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GREEN, JUDSON C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. BUENA VISTA ST.	1.2 NAME	
STREET ADDRESS	BURBANK CA 91521	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD REED, MARSHA L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S BUENA VISTA ST	2.2 NAME	
STREET ADDRESS	BURBANK CA 91521	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LIVACK, SANFORD M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. BUENA VISTA ST.	3.2 NAME	
STREET ADDRESS	BURBANK CA 91521	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T CARPENTER, FARRIS E	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1375 BUENA VISTA ST.	4.2 NAME	
STREET ADDRESS	LAKE BUENA FL 32830	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AT BUETTNER, ANNE L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 S. BUENA VISTA ST.	5.2 NAME	
STREET ADDRESS	BURBANK CA 91521	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
TITLE		AT HANFORD, JAMES D.	
NAME		500 SOUTH BUENA VISTA STREET	
STREET ADDRESS		BURBANK, CA 91521	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with a other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* 4-16-99 (818) 560-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)