

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S13758 (5)  
1. Corporation Name  
DISNEY VACATION CLUB MANAGEMENT CORP.



Principal Place of Business  
200 CELEBRATION PLACE  
220  
CELEBRATION FL 34747  
US

Mailing Address  
500 S BUENA VISTA ST  
BURBANK CA 91521-0586  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 200 Celebration Place		26 500 S BUENA VISTA ST		11/20/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3039581	
City & State		City & State		Applied For	
23 Celebration, FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34747		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				X Yes [ ] No	

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S  
1375 BUENA VISTA DRIVE  
FOUR NORTH, ATTN: LEGAL DEPT.  
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

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	President and Director
NAME	BUETTNER, ANNE M.	1.2 NAME	Weiss, Allen R.
STREET ADDRESS	500 S BUENA VISTA ST	1.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	BURBANK CA	1.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	D	2.1 TITLE	
NAME	LITVACK, SANFORD M	2.2 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	2.4 CITY-ST-ZIP	Burbank, CA 91521
TITLE	S	3.1 TITLE	
NAME	KATHEDER, THOMAS	3.2 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	3.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830
TITLE	PD	4.1 TITLE	
NAME	WONG, KENNETH P	4.2 NAME	
STREET ADDRESS	1401 FLOWER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	4.4 CITY-ST-ZIP	
TITLE	DVAS	5.1 TITLE	Assistant Secretary and Director
NAME	REED, MARSHA L.	5.2 NAME	Reed, Marsha L.
STREET ADDRESS	500 S BUENA VISTA ST	5.3 STREET ADDRESS	500 South Buena Vista Street
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	Burbank, CA 91521
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE

CR2E034 (10/97)