

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000071529

Entity Name: WALT DISNEY PARKS AND RESORTS U.S., INC.**Current Principal Place of Business:**1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0105 US**FEI Number:** 95-2412883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C
1375 EAST BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 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**Officer/Director Detail :**

Title	ASST SECRETARY
Name	SOLOMON, AARON H
Address	1170 CELEBRATION BLVD
City-State-Zip:	CELEBRATION FL 34747

Title	PRESIDENT
Name	KALOGRIDIS, GEORGE A
Address	1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	ASST TREASURER
Name	BELZER, GREGORY
Address	1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	ASST SECRETARY
Name	PRIEST, HENRY C
Address	1170 CELEBRATION BLVD
City-State-Zip:	CLEBRATION FL 34747

Title	DIRECTOR, SR VP
Name	SMITH, JEFFREY H
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521-0105

Title	VP
Name	MCGOWAN, JOHN M
Address	1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	TREASURER
Name	HEADLEY, JONATHAN S
Address	500 SOUTH BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521-0105

Title	VP
Name	BOWERS, JOYCE M
Address	1375 BUENA VISTA DRIVE 4TH FLOOR NORTH
City-State-Zip:	LAKE BUENA VISTA FL 32830

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I hereby 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 all other like empowered.

SIGNATURE: MARSHA REED**SECRETARY****06/23/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SR VP, CFO
Name LANSBERRY, KEVIN A
Address 1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

Title SECRETARY, VP, DIRECTOR
Name REED, MARSHA L
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105

Title ASST SECRETARY
Name SALAMA, MICHAEL
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105

Title ASST SECRETARY
Name BROOKS, SCOTT
Address 1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

Title VP, ASST SECRETARY
Name GIACALONE, MARGARET C
Address 1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

Title PRESIDENT
Name COLGLAZIER, MICHAEL A
Address 700 WEST BALL ROAD
City-State-Zip: ANAHEIM FL 92802

Title DIRECTOR
Name CHAPEK, ROBERT A
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105

Title ASST SECRETARY
Name STEED, SHANNA L
Address 500 SOUTH BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521-0105