2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035543

Entity Name: DISNEY VACATION CLUB HAWAII MANAGEMENT COMPANY,

LLC

FILED Apr 29, 2016 Secretary of State CC6269843486

Current Principal Place of Business:

1390 CELEBRATION BLVD. CELEBRATION, FL 34747

Current Mailing Address:

500 S BUENA VISTA ST BURBANK, CA 91521

FEI Number: 27-2432600 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIGMILE, JEFFREY S 1375 BUNEA VISTA STREET, 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

Authorized Person(s) Detail:

Title SOLE MEMBER Title ASST TREASURER

Name DISNEY VACATION DEVELOPMENT, Name WALLS, ALISON

INC.

Address 1390 CELEBRATION BLVD. Address 1390 CELEBRATION BLVD. City-State-Zip: CELEBRATION FL 34747

City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY Title VICE PRESIDENT GIBBS, BRENT J Name

Name HAMILTON, ANNE

Address 200 CELEBRATION PLACE City-State-Zip: LAKE BUENA VISTA FL 32830

Address

Title

City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER

Name PARSONS, CRAIG Name PAULSEN, BRIAN Address 220 CELEBRATION PLACE

Address 1390 CELEBRATION BLVD. City-State-Zip: CELEBRATION FL 34747

City-State-Zip: CELEBRATION FL 34747

SVP Title Title VΡ

Name VAHLE, JEFF Name MILLS, ELLIOTT

Address 3401 EAST VISTA BOULEVARD Address 92-1185 ALIINUI DRIVE LAKE BUENA VISTA FL 32830 City-State-Zip:

City-State-Zip: KAPOLEI HI 96707

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1375 E BUENA VISTA DRIVE

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L REED **SECRETARY**

Electronic Signature of Signing Authorized Person(s) Detail

04/29/2016

Date

Authorized Person(s) Detail Continued:

Title PRESIDENT Title SVP

NameHOLZ, KARL LNamePOTROCK, KENNETH MAddress200 CELEBRATION PLACEAddress1390 CELEBRATION BLVD.City-State-Zip:CELEBRATION FL 34747City-State-Zip:CELEBRATION FL 34747

Title VP, SECRETARY Title ASST. SECRETARY Name REED, MARSHA L Name NIEMAN, LEIGH ANNE Address 500 S BUENA VISTA ST 1390 CELEBRATION BLVD. Address City-State-Zip: BURBANK CA 91521 City-State-Zip: CELEBRATION FL 34747

Title VP, TREASURER Title ASST. TREASURER Name SAKASKE, SHANNON SALAMA, MICHAEL Name Address 1390 CELEBRATION BLVD. 500 S BUENA VISTA ST Address City-State-Zip: CELEBRATION FL 34747 City-State-Zip: BURBANK CA 91521

Title VP Title ASST. SECRETARY

Name SISKIE, SHARON Name CHANG, YVONNE

Address 220 CELEBRATION PLACE Address 1390 CELEBRATION BLVD.

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