

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500003098

**Entity Name:** DISNEY FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

500 S BUENA VISTA STREET  
BURBANK, CA 91521

**Current Mailing Address:**

500 S BUENA VISTA STREET  
BURBANK, CA 91521 US

**FEI Number:** 47-2350992

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIACALONE, MARGARET C  
1375 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:** JEFFREY S CRAIGMILE

04/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name SCHMITT, ANN L  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title VP  
Name HAMILTON, ANNE  
Address 200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title EXECUTIVE VICE PRESIDENT  
Name WOODFORD, BRENT  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title AUTHORIZED MEMBER  
Name DISNEY WORLDWIDE SERVICES, INC.  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST. TREASURER  
Name BELZER, GREGORY  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

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

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

*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

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date