

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005847

**Entity Name:** WALT DISNEY ATTRACTIONS TECHNOLOGY LLC

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**1555125712CC**

**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

**FEI Number: 81-1521860**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title AUTHORIZED MEMBER  
Name DISNEY WORLDWIDE SERVICES, INC.  
Address 1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

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

Title PRESIDENT  
Name VAHLE, JEFFREY N  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name STOWELL, JOHN A  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

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

**Continues on page 2**

*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: CHAKIRA H GAVAZZI**

**SECRETARY**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 640 PAULA AVE  
City-State-Zip: GLENDALE CA 91201