2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004951

Entity Name: INTERNATIONAL ASSOCIATION OF AMUSEMENT PARKS AND

ATTRACTIONS, INC.

Current Principal Place of Business:

4155 W TAFT VINELAND RD ORLANDO, FL 32837

Current Mailing Address:

4155 W TAFT VINELAND RD ORLANDO, FL 32837 US

FEI Number: 36-2079990 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Jan 15, 2025

Secretary of State

1069953358CC

Officer/Director Detail:

Title FIRST VICE CHAIR Title IMMEDIATE PAST CHAIR

Name PERIALES, LUCIANA Name LUANGAMORNLERT, WUTHICHAI

Address 4155 W TAFT VINELAND RD Address 4155 W TAFT VINELAND RD

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title PRESIDENT AND CEO Title T

Name WAHL, JAKOB Name ANDERSON, ANDREAS

Address 4155 W TAFT VINELAND RD Address 4155 W TAFT VINELAND RD

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title CHAIRMAN Title CFO

Name FREDDI, MASSIMILIANO Name POWERS, WILLIAM JOSHUA CFO

Address 4155 W TAFT VINELAND ROA Address 4155 W TAFT VINELAND RD

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title SECOND VICE CHAIR

Name PERRY, CHRIS

Address 4155 W TAFT VINELAND RD

City-State-Zip: ORLANDO FL 32837

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM POWERS

CFO

01/15/2025

Electronic Signature of Signing Officer/Director Detail

Date