

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17652

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC4920363633**

**Entity Name:** EURO DISNEY CORPORATION

**Current Principal Place of Business:**

500 S BUENA VISTA ST  
BURBANK, CA 91521

**Current Mailing Address:**

500 S BUENA VISTA ST  
BURBANK, CA 91521-0105

**FEI Number:** 95-4109138

**Certificate of Status Desired:** No

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

CRAIGMILE, JEFFREY S  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STAGGS, THOMAS O  
Address        500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

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

Title            DIRECTOR  
Name            SMITH, JEFFREY H  
Address        500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title            TREASURER  
Name            STOWELL, JOHN A  
Address        500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title            DIRECTOR  
Name            SMITH, JEFFREY H  
Address        500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

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

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

*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 L REED

**SECRETARY**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date