

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **821480** (1)

1. Corporation Name  
**WALT DISNEY TRAVEL CO., INC.**



Principal Place of Business: **1441 S. WEST ST. ANAHEIM CA 92802 US**  
Mailing Address: **500 S. BUENA VISTA ST. BURBANK CA 91521-0340 US**

3. Date Incorporated or Qualified: **05/28/1968**  
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **500 SOUTH BUENA VISTA STREET**  
City & State: **27**  
**BURBANK, CA**  
Zip: **29** **91521-0586** Country: **30** **USA**

4. FEI Number: **95-2553603**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FRANK S. IOPPOLO**  
**1375 BUENA VISTA DR 4TH FL N**  
**LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent sign only when registered) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDQUIST, JACK B	2. NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3. STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARSHA L.	2. NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3. STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID A	2. NAME	BUETTNER, ANNE L.
STREET ADDRESS	500 S. BUENA VISTA STREET	3. STREET ADDRESS	500 S. BUENA VISTA ST.
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	BURBANK, CA 91521
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUDSON C	2. NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3. STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LTVACK, SANFORD M	2. NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3. STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFIELD, RANDY	2. NAME	
STREET ADDRESS	500 S. BUENA VISTA ST.	3. STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	4. CITY-ST-ZIP	

5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* 4/18/96 (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)