

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

Mailing Address

**1441 S. WEST ST.
ANAHEIM CA 92802
US**

**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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **500 SOUTH BUENA VISTA STREET**

4. FEI Number

95-2553603

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip Country

28 **BURBANK, CA** Country

24 25 29 **91521-0586** 30 **USA**

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

10. Name and Address of New Registered Agent

**FRANK S. IOPPOLO
1375 BUENA VISTA DR 4TH FL N
LAKE BUENA VISTA FL 32830**

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **LINDQUIST, JACK B**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **SD** ☐ DELETE
NAME **REED, MARSHA L.**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **T** ☒ DELETE
NAME **HUGHES, DAVID A**
STREET ADDRESS **500 S. BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK CA**

TITLE **D** ☐ DELETE
NAME **GREEN, JUDSON C**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **D** ☐ DELETE
NAME **LITVACK, SANFORD M**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

TITLE **P** ☐ DELETE
NAME **GARFIELD, RANDY**
STREET ADDRESS **500 S. BUENA VISTA ST.**
CITY-ST-ZIP **BURBANK CA**

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 NAME

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

DATE

4/18/96

(818) 560-1000

Daytime Phone #

CR2E034 (12/95)