

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 91521-0001  
US

3. Date Incorporated or Qualified

05/28/1968

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

500 S. Buena Vista St.

Suite, Apt. #, etc.

27

City & State

28

Burbank, CA

29

91521-0586

Country

30

USA

4. FEI Number

95-2553603

Applied For

Not Applicable

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, MARSHA L.	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY- ST- ZIP	BURBANK CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUETTNER, ANNE L	
STREET ADDRESS	500 S. BUENA VISTA ST	
CITY- ST- ZIP	BURBANK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, JUDSON C	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY- ST- ZIP	BURBANK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITVACK, SANFORD M	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY- ST- ZIP	BURBANK CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARFIELD, RANDY	
STREET ADDRESS	500 S. BUENA VISTA ST.	
CITY- ST- ZIP	BURBANK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	91521
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	91521
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	91521
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	91521
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	91521
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-25-97

Date

(818) 560-1000

Daytime Phone #

0502981

CR2E034 (9/96)