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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90170 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 821480

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1441 S. WEST ST.
 ANAHEIM CA 92802
 US**

Mailing Address
**500 S BUENA VISTA ST
 BURBANK CA 91521-0586
 US**

3. Date Incorporated or Qualified
05/28/1968

4. FEI Number
95-2553603

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 190 CENTER STREET PROMENADE

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
23 ANAHEIM, CA

City & State
28

Zip Country
24 92805 25 US

Zip Country
29 30

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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, MARSHA L. | 1.2 NAME | |
| STREET ADDRESS | 500 S. BUENA VISTA ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUETTNER, ANNE L | 2.2 NAME | |
| STREET ADDRESS | 500 S BUENA VISTA ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, JUDSON C | 3.2 NAME | |
| STREET ADDRESS | 500 S. BUENA VISTA ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITVACK, SANFORD M | 4.2 NAME | |
| STREET ADDRESS | 500 S. BUENA VISTA ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURBANK CA 91521 | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARFIELD, RANDY | 5.2 NAME | |
| STREET ADDRESS | 3020 MAINGATE LN, ST 2802 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34747 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | AT HANFORD, JAMES D. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 500 SOUTH BUENA VISTA STREET |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | BURBANK, CA 91521 |

14. I 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, with all other like empowered.

SIGNATURE: **MARSHA L. REED** *Marsha L. Reed* **4-26-99** (818) 560-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)