

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

FILED  
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.

Principal Place of Business

1441 S. WEST ST.  
ANAHEIM CA 92802  
US

Mailing Address

500 S BUENA VISTA ST  
BURBANK CA 91521-0586  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1968

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 owes the current year Intangible  
Personal Property Tax.

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  
NAME REED, MARSHA L.  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-STATE-ZIP BURBANK CA 91521

DELETE

TITLE T  
NAME BUETTNER, ANNE L  
STREET ADDRESS 500 S BUENA VISTA ST  
CITY-STATE-ZIP BURBANK CA 91521

DELETE

TITLE D  
NAME GREEN, JUDSON C  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-STATE-ZIP BURBANK CA 91521

DELETE

TITLE D  
NAME LITVACK, SANFORD M  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-STATE-ZIP BURBANK CA 91521

DELETE

TITLE P  
NAME GARFIELD, RANDY  
STREET ADDRESS 3020 MAINGATE LN, ST 2802  
CITY-STATE-ZIP KISSIMMEE FL 34747

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

AT

HANFORD, JAMES D.

500 SOUTH BUENA VISTA STREET

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(818) 560-1000

Daytime Phone #

CR2E034 (1/98)