

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90486 012 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 829866**

1. Entity Name

**XANTERRA PARKS & RESORTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**900 North Michigan Avenue**

3. Mailing Address

**900 North Michigan Avenue**

Suite, Apt. #, etc.

**Suite 900**

Suite, Apt. #, etc.

**Suite 900**

City & State

**Chicago, Illinois**

City & State

**Chicago, Illinois**

Zip

**60611**

Country

**USA**

Zip

**60611**

Country

**USA**

4. FEI Number

**13-2735034**

Applicable

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code  
**33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when filing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00**

**After May 1: Fee is \$550.00**

**Amended UBR is \$81.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Director  
Judd D. Malkin  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Director & President  
Andrew N. Todd  
14001 East Iliff Suite 600  
Aurora, Colorado 80014**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Treasurer  
Michael F. Welch  
14001 East Iliff Suite 600  
Aurora, Colorado 80014**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Vice President & Secretary  
Kirk H. Anderson  
14001 East Iliff Suite 600  
Aurora, Colorado 80014**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Assistant Secretary  
Karen M. Ewing  
900 North Michigan Avenue  
Chicago, Illinois 60611**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Karen M. Ewing*

**Asst. Secretary**

**03/25/02**

**(312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034B (12/01)



*Atchmann*

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 22, 2002

AMFAC RECREATIONAL SERVICES, INC.  
900 N MICHIGAN AVENUE  
SUITE 900  
CHICAGO, IL 60611 US

*869409*

Subject: **AMFAC RECREATIONAL SERVICES, INC.**

Reference Number: **829866**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.

/rg

ANNUAL REPORTS SECTION