


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90035 011 ***150.00

DOCUMENT # 829866 1. Entity Name XANTERRA PARKS & RESORTS, INC.	
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Principal Place of Business 900 N MICHIGAN AVENUE CHICAGO, IL 60611 US	Mailing Address 900 N MICHIGAN AVENUE CHICAGO, IL 60611 US
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2735034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKIN, JUDD D 900 N. MICHIGAN AVE. CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, ANDREW N 14001 E. ILIFF, SUITE 600 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDERSON, KIRK H 14001 EAST ILIFF SUITE 600 AURORA, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WECH, MICHAEL F 14001 EAST ILIFF SUITE 600 AURORA, CO 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EWING, KAREN M 900 NORTH MICHIGAN AVENUE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen H. Ewing **Karen Ewing** 3/17/04 312/915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #