


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 029 ***150.00

DOCUMENT # 829866	
1. Entity Name XANTERRA PARKS & RESORTS, INC.	

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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2. Principal Place of Business 900 N. Michigan Avenue Suite, Apt. #, etc. 1400 City & State Chicago, Illinois Zip 60611 Country USA		3. Mailing Address 900 N. Michigan Avenue Suite, Apt. #, etc. 1400 City & State Chicago, Illinois Zip 60611 Country USA	
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01142005 Chg-P CR2E034 (10/03)

4. FEI Number 13-2735034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKIN, JUDD D 900 N. MICHIGAN AVE. CHICAGO, IL 60611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, ANDREW N 14001 E. ILIFF, SUITE 600 CHICAGO, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Todd, Andrew N 6312 S. Fiddlers Green Circle, Suite 600 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDERSON, KIRK H 14001 EAST ILIFF SUITE 600 AURORA, CO 80014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Anderson, Kirk H 6312 S. Fiddlers Green Circle, Suite 600 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WECH, MICHAEL F 14001 EAST ILIFF SUITE 600 AURORA, CO 80014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Welch, Michael F 6312 S. Fiddlers Green Circle, Suite 600 Greenwood Village, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EWING, KAREN M 900 NORTH MICHIGAN AVENUE CHICAGO, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Karen M. Ewing</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Karen M. Ewing, Asst. Secretary 01/14/05 (312) 915-1969 Date Daytime Phone #
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