## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT



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

1. Entity Name XANTERRA PARKS & RESORTS, INC.					04-11-2005 9	90142 029 ***15	50.00	
900 N MICHIGAN AVENUE		Mailing Address 900 N MICHIGAN AVENUE CHICAGO, IL 60611 US		4	AAAAYEE			
2. Principal Place of Business  900 N. Michigan Avenue  Suite, Apt. #, etc.		3. Mailing Address  900 N. Michigan Avenue Suite, Apt. #, etc.		01142005	Chg-P	CR2E034 (10/03		
1400		1400				<u>`</u>		
Chiongo	e , Illinois	City & State Chicago, Illi	nois	4. FEI Numbe	=-	<b>⊢</b>	Applied For Not Applicable	
Zip	Country	Zip Zip	Country			\$0.7E		
60611	USA	60611	USA	5. Certificate	of Status Desired	Fee Requ		
	6. Name and Address of Current F			7. Name and	Address of New R	egistered Agent		
Name								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co		
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or box	th, in the State of Flo	orida. I am familiar wil	th, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	<u></u>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
		Trust Fund Contri		Added to Fees	CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11	
After Ma	OFFICERS AND D	Trust Fund Contri	bution.	Added to Fees	CHANGES TO OFF	ICERS AND DIRECTO		
After Ma	OFFICERS AND D  MALKIN, JUDD D	Trust Fund Contri	11. TITLE NAME	Added to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS	OFFICERS AND D MALKIN, JUDD D 900 N. MICHIGAN AVE.	Trust Fund Contri	11. ITTLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF			
After Ma  10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D  MALKIN, JUDD D  900 N. MICHIGAN AVE. CHICAGO, IL 60611	Trust Fund Contri	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS	CHANGES TO OFF	☐ Chang	e	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.