


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 829866</b> 1. Entity Name <b>XANTERRA PARKS &amp; RESORTS, INC.</b>	
---	---

Principal Place of Business <b>900 NORTH MICHIGAN AVENUE SUITE 1400 CHICAGO, IL 60611 US</b>	Mailing Address <b>900 NORTH MICHIGAN AVENUE SUITE 1400 CHICAGO, IL 60611 US</b>
---	---



02132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-2735034</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, ANDREW N 6312 SOUTH FIDDLERS GREEN CIRCLE #600N GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDERSON, KIRK H 6312 SOUTH FIDDLERS GREEN CIRCLE #600N GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCH, MICHAEL F 6312 SOUTH FIDDLERS GREEN CIRCLE #600N GREENWOOD VILLAGE, CO 80111
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000438954  
03/01/06-80027-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. Ewing Karen M. Ewing 2/13/06 (312) 915-1969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #