

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2735034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
D
MALKIN, JUDD D
900 N. MICHIGAN AVE.
CHICAGO, IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TODD, ANDREW N
14001 E. ILIFF, SUITE 600
CHICAGO, IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
ANDERSON, KIRK H
14001 EAST ILIFF SUITE 600
AURORA, CO 80014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WECH, MICHAEL F
14001 EAST ILIFF SUITE 600
AURORA, CO 80014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
EWING, KAREN M
900 NORTH MICHIGAN AVENUE
CHICAGO, IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

Karen M. Ewing

Karen M. Ewing

04/16/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)