

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001696

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** PRINCESS CRUISE LINES, LTD. (CORP.)

**Current Principal Place of Business:**

24305 TOWN CENTER DRIVE  
SANTA CLARITA, CA 91355 US

**New Principal Place of Business:**

**Current Mailing Address:**

24305 TOWN CENTER DRIVE  
BUILDING 5/LEGAL  
SANTA CLARITA, CA 91355 US

**New Mailing Address:**

**FEI Number:** 98-0215899      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** DURRANT, SHELLEY  
**Address:** PAR LA VILLE PL, 14 PAR LA VILLE ROAD  
**City-St-Zip:** HAMILTON, BE HMJX BE

**Title:** CPD  
**Name:** BUCKELEW, ALAN B  
**Address:** 24305 TOWN CENTER DRIVE  
**City-St-Zip:** SANTA CLARITA, CA 91355 US

**Title:** ASD  
**Name:** JONES, ARTHUR E.M.  
**Address:** 14 PAR LA VILLE ROAD  
**City-St-Zip:** HAMILTON, BE HM JX BE

**Title:** D  
**Name:** CALUORI, RAIMOND P  
**Address:** 24305 TOWN CENTER DRIVE  
**City-St-Zip:** SANTA CLARITA, CA 91355 US

**Title:** D  
**Name:** BROWN, DEAN C  
**Address:** 24305 TOWN CENTER DRIVE  
**City-St-Zip:** SANTA CLARITA, CA 91355 US

**Title:** CFO  
**Name:** HOWIE, TIMOTHY  
**Address:** 24305 TOWN CENTER DRIVE  
**City-St-Zip:** SANTA CLARITA, CA 91355 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: A BUCKELEW/RLM

CPD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date