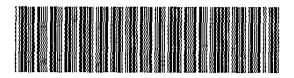
F03000002739

(Re	equestor's Name)	
•	,	
(Ac	idress)	
(Ac	dress)	
V.	,,,	
Ci	ty/State/Zip/Phone	a #1)
(~i	tyrotatorzipii nom	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Opecial institutions to	rining Officer.	
		i
		ļ

Office Use Only



600019152756

06/02/03--01058--009 **70.00

DIVISION OF CORFERATION

DE JUN -2 MIR 28 OS JUN

CT CORPORATION

June 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5853239 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Intrawest/Orlando Devlopment Corporation (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 INTRAWEST	TORLANDO DEVELOPMENT CORPORATION		¥ .
	oration; must include the word "INCORPORATED", "COMPANY", "CORPORA	ATION" or	ئە م
	eviations of like import in language as will clearly indicate that it is a corporation		~~1
	or partnership if not so contained in the name at present.)		
	and the second s	2	ر مين
2. DELAWARE		140	نيون ا
(State or countr	ry under the law of which it is incorporated) (FEI number, if:	applicable) 😅 📜 💫	
4. MAY 15, 200	3 5. PERPETUAL) ./-
	ate of incorporation) (Duration: Year corp. will cear	se to exist or "perpetual")	
6. UPON QUAL	INICATION A SALES OF THE SALES		
	acted business in Florida. If corporation has not transacted business in Florida, in	cart "man qualification "	
(Date this date	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	iserr upon quantication.	
- DINTER DI	4.74 MDI/O 404 DAME DE COMPRESS OF ANY OF ANY OF ANY		, .
7. CAPITAL PLA	AZA TWO, 301 EAST PINE STREET, SUITE 450, ORLANDO, FL 32801		•
	(Principal office address)		
CAPITAL PLA	AZA TWO, 301 EAST PINE STREET, SUITE 450, ORLANDO, FL 32801		
	(Current mailing address)		
- ********	THE CANAGE STORY		The second second
8 KESOKI DEV	PLUMENT		-ii.
8. RESORT DEV (Purpose	o(s) of corporation authorized in home state or country to be carried out in state of	Florida)	<u>.</u>
(Purpose	o(s) of corporation authorized in home state or country to be carried out in state of	,	÷â,, út s≜
(Purpose		,	-ili, jir j≛ -sijet i 1
(Purpose 9. Name and st	c(s) of corporation authorized in home state or country to be carried out in state of reet address of Florida registered agent: (P.O. Box or Mail Drop Box	,	
(Purpose	o(s) of corporation authorized in home state or country to be carried out in state of	,	
(Purpose 9. Name and <u>st</u> Name:	c(s) of corporation authorized in home state or country to be carried out in state of reet address of Florida registered agent: (P.O. Box or Mail Drop Box	,	
(Purpose 9. Name and <u>st</u> Name:	c(s) of corporation authorized in home state or country to be carried out in state of reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road,	,	
(Purpose 9. Name and <u>st</u> Name:	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, Florida 33324	,	egy Sile
(Purpose 9. Name and <u>st</u> Name:	c(s) of corporation authorized in home state or country to be carried out in state of reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road,	,	egy in de egy in de egy in de egy in de
(Purpose 9. Name and st Name: Office Address;	(City) rect address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) (Zip code)	,	
(Purpose 9. Name and st Name: Office Address:	c(s) of corporation authorized in home state or country to be carried out in state of reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) (Zip code) agent's acceptance:	NOT acceptable)	Suce
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been na	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) Representation of City (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above service.	NOT acceptable) ated corporation at the p	
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been naddesignated in the	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) (City) The registered agent and to accept service of process for the above states application, I hereby accept the appointment as registered agent and to accept service of process.	NOT acceptable) ated corporation at the pagree to act in this capac	ity. I
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been nadesignated in the further agree to	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) Representation of City (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above service.	NOT acceptable) ated corporation at the pagree to act in this capacaplete performance of my	ity. I
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been nadesignated in the further agree to	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) (City) (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above so is application, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and com	NOT acceptable) ated corporation at the pagree to act in this capacaplete performance of my	ity. I
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been nadesignated in the further agree to	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) Reputation agent's acceptance: med as registered agent and to accept service of process for the above so is application, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and complaints for the above the appointment as registered agent and comply with and accept the obligations of my position as registered agent and familiar with and accept the obligations of my position as registered agent.	NOT acceptable) ated corporation at the pagree to act in this capacaplete performance of my	ity. I
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been nadesignated in the further agree to duties, and I am	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) (Zip code) agent's acceptance: med as registered agent and to accept service of process for the above so is application, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and com familiar with and accept the obligations of my position as registered ag C T Corporation System	NOT acceptable) ated corporation at the pagree to act in this capacaplete performance of my	ity. I
(Purpose 9. Name and st Name: Office Address: 10. Registered: Having been nadesignated in the further agree to	reet address of Florida registered agent: (P.O. Box or Mail Drop Box C T Corporation System 1200 South Pine Island Road, Plantation, (City) Replace: med as registered agent and to accept service of process for the above so is application, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and complaint familiar with and accept the obligations of my position as registered agent. C T Corporation System	NOT acceptable) ated corporation at the pagree to act in this capacaplete performance of my	ity. I

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: GARY L. RAYMOND		·	
Address: #900 - 999 WEST HASTINGS STREET		7.50	<u> </u>
VANCOUVER, BC V6C 2W2	naki.	7	Fa .
Vice Chairman: JEFF J. STIPEC	en e		90
Address: 14646 NO. KIERLAND BLVD., STUITE 210	<u> </u>	200	<u> </u>
SCOTTSDALE, AZ 85254			20
Director: JAMES E. ONKEN	one de la companya d Companya de la companya de la compa	<u> </u>	. <u> </u>
Address: 1050 17TH STREET, SUITE 1250	*2 7 X	<u> 148 45 4 8 3 5 5 6 5 5 5 5 5</u>	
DENVER, CO 80265	المناهب المناهب		
Director:			
Address:			# 47년 기교 교육 - 1월 7章 기교
B. OFFICERS			
President: GARY L. RAYMOND		- 100	
Address: #900 - 999 WEST HASTINGS STREET	<u></u>	<u> </u>	<u> </u>
VANCOUVER, BC V6C 2W2	engles and the second s		
Vice President: JOHN E. CURRIE			- T
Address: #800 - 200 BURRARD STREET) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F
VANCOUVER, BC V6C 3L6			
Secretary: ROSS J. MEACHER			5
Address: #800 - 200 BURRARD STREET, VANCOUVER BC V60	C3L6		<u>, , , , , , ,</u> , , 주목을
Treasurer: JOHN E. CURRIE		a seet to the feet	, 43 - <u>- 4</u> * 3 <u>1</u>
Address: #800 - 200 BURRARD STREET, VANCOUVER BC V6	6C 3L6		
NOTE: If necessary, you may attach an addendum to the appl	ication listing additional offi		
14. DAVID D. KLEINKOPF, ASSISTANT SECRETARY			· · · · · · · · · · · · · · · · · · ·

(Typed or printed name and capacity of person signing application)

ADDITIONAL OFFICERS OF INTRAWEST/ORLANDO DEVELOPMENT CORPORATION

Vice President:

Connie Wynne

Address:

Capital Plaza Two

301 East Pine Street, Suite 450

Orlando, FL 32801

Vice President: Address:

Thomas Wallington

Capital Plaza Two

301 East Pine Street, Suite 450

Orlando, FL 32801

Vice President:

Don Carr

Address:

Capital Plaza Two

301 East Pine Street, Suite 450

Orlando, FL 32801

Vice President:

Jim Boivin

Address:

Capital Plaza Two

301 East Pine Street, Suite 450

Orlando, FL 32801

Assistant Secretary: David D. Kleinkopf Address: 1050 17th Street, Suite 1500

Denver, CO 80265

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTRAWEST/ORLANDO DEVELOPMENT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2003.



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2422808

DATE: 05-19-03

3659092 8300

030317736