2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000005527

FILED Apr 22, 2003 Secretary of State

Entity Name: WALT DISNEY IMAGINEERING RESEARCH & DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 1401 FLOWER STREET GLENDALE, CA 91221 US **Current Mailing Address: New Mailing Address:** 500 SOUTH BUENA VISTA STREET BURBANK, CA 915210586 US FEI Number: 95-4600124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JEFFREY H 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PRESSLER, PAUL S Name: Name: RASULO, JAMES A 500 SOUTH BUENA VISTA STREET 500 SOUTH BUENA VISTA STREET Address: Address: BURBANK, CA 91521 City-St-Zip: City-St-Zip: BURBANK, CA 91521 Title: Title: SD () Delete () Change () Addition Name: REED, MARSHA L Name: 500 SOUTH BUENA VISTA STREET Address: Address: BURBANK, CA 91521 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BUETTNER, ANNE L Name: Name: 500 SOUTH BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: () Delete Title: () Change () Addition HANFORD, JAMES D Name: Name: Address: 500 SOUTH BUENA VISTA STREET Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: () Delete () Change () Addition THOMPSON, DAVID K Name: Name: 500 SOUTH BUENA VISTA STREET Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARSHA L. REED S 04/22/2003