2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K26995 05 DEC -8 AHTI: 55 VACATION RESORT RESALES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8505 W. IRLO BRONSON MEM. HWY 8505 W. IRLO BRONSON MEM. HWY KISSIMMEE, FL 34747-8201 US KISSIMMEE, FL 34747-8201 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09262005 CB2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 62-1357128 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOWER, BRIAN T Street Address (P.O. Box Number is Not Acceptable) 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747 City Zip Code FL 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DC ☐ Delete TILE ☐ Change ☐ Addition NAME WILSON, SPENCE NAME STREET ADDRESS 8700 TRAIL LAKE DR. WEST, STE 300 STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38125 CITY-ST-ZIP PICEO **PCEO** Delete TITI F TITI F ☐ Change Addition son L. Harrill NAME SWAN, CHARLES K III NAME 8,500 W Irlo Brorson Hwy STREET ADDRESS 8505 W. IRLO BRONSON MEM. HWY STREET ADDRESS Kissimmee, FL 3474 KISSIMMEE, FL 347478201 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Detete TITLE Change ☐ Addition NAME WILSON, ROBERT A NAME STREET ADDRESS 8700 TRAIL LAKE DR. WEST, STE 300 STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38125 CITY-ST-ZIP DVP ☐ Delete TITL F ☐ Change TITI F ☐ Addition 400060582894 10/13/05--01056--009 **70.00 WILSON, C. KEMMONS JR NAME NAME STREET ADDRESS 8700 TRAIL LAKE DR. WEST, STE 300 STREET ADDRESS MEMPHIS, TN 38125 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME WILSON-MOORE, BETTY NAME STREET ADORESS 8700 TRAIL LAKE DR. WEST, STE 300 STREET ADDRESS MEMPHIS, TN 38125 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BATT, WILLIAM R NAME NAMÉ 8700 TRAIL LAKE DR. WEST, STE 300 STREET ADDRESS STREET ADDRESS MEMPHIS, TN 38125 CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this if port or supplier ental report is rule 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 of 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.

changed, or on an attachment with an address

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VACATION RESORT RESALES, INC. (FEI # 62-1357128)

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Catherine Duncan Asst. VP