

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10468 (7)

1. Corporation Name

WALT DISNEY IMAGINEERING, INCORPORATED

Principal Place of Business

1401 FLOWER ST.
GLENDALE CA 91221
US

Mailing Address

500 S. BUENA VISTA ST.
BURBANK CA 91521-0340
US



3. Date Incorporated or Qualified

06/17/1986

3a. Date of Last Report

05/02/1995

4. FEI Number

95-4041978

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 500 SOUTH BUENA VISTA STREET

22 City & State

27 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 BURBANK, CA

Zip

Country

29 91521-0586

30 USA

9. Name and Address of Current Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR
4TH FL N
LAKE BUENA VISTA FL 32830

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature is required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SKLAR, MARTIN
STREET ADDRESS 1401 FLOWER STREET
CITY-ST-ZIP GLENDALE CA 91221 ☐ DELETE

TITLE S
NAME REED, MARSHA L
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA 91521 ☐ DELETE

TITLE SVP
NAME MANDELL, ANDREW
STREET ADDRESS 1401 FLOWER STREET
CITY-ST-ZIP GLENDALE CA 91221 ☒ DELETE

TITLE D
NAME RUMMELL, PETER S
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA 91521 ☐ DELETE

TITLE D
NAME LITVACK, SANFORD, M
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA 91521 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SVPF

LIQOCKI, KATHLEEN
1401 FLOWER STREET
GLENDALE, CA 91221 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

4/10/96 (818) 560-1000

Date

Daytime Phone #

CR2E034 (12/95)