


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

| | | | | | |
|---|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000017019 (6) 1. Corporation Name VISTANA INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 8801 VISTANA CENTRE DR. ORLANDO FL 32821 | | | Mailing Address PO BOX 22197 LAKE BUENA VISTA FL 32830-2197 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 02/23/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3377392 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | FL 85 Zip Code | | |
| 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 1.2 NAME Harris, Charles E. | | | | | |
| 1.3 STREET ADDRESS 8801 Vistana Centre Dr. | | | | | |
| 1.4 CITY-ST-ZIP Orlando, FL 32821-6353 | | | | | |
| 2.1 TITLE VP/CAO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 2.2 NAME Patten, Mark E. | | | | | |
| 2.3 STREET ADDRESS 8801 Vistana Centre Drive | | | | | |
| 2.4 CITY-ST-ZIP Orlando, FL 32821-6353 | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE SVP/T/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 6.2 NAME Sabin, John M. | | | | | |
| 6.3 STREET ADDRESS 8801 Vistana Centre Drive | | | | | |
| 6.4 CITY-ST-ZIP Orlando, FL 32821-6353 | | | | | |

SIGNATURE:

[Signature]

4/8/98

(407) 239-3000

CR2E034 (10/97)