FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 28 AM 6:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000103256 (9)**

1. Corporation Name
VISTANA, INC.

Principal Place of Business	Mailing Address
8801 VISTANA CENTRE DR ORLANDO FL 32821	8801 VISTANA CENTRE DR ORLANDO FL 32821-6354

3. Date Incorporated or Qualified: 12/23/1996
3a. Date of Last Report: N/A

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3414620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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: XX Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: 500002156875--8
82 Street Address (P.O. Box Number is N...): 04/28/97--01068--020 ****173.75 ****173.75
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition	C/D Raymond L. Gellein, Jr. 8801 Vistana Centre Drive Orlando, Florida 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition	P/D Jeffrey A. Adler 8801 Vistana Centre Drive Orlando, Florida 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition	EVP/COO/AS Matthew E. Avril 8801 Vistana Centre Drive Orlando, FLorida 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition	SVP/S Susan Werth 8801 Vistana Centre Drive Orlando, Florida 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition	SVP/CFO/T/AS John M. Sabin 8801 Vistana Centre Drive Orlando, Florida 32821
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition	V Carol Lytle 8801 Vistana Centre Drive Orlando, Florida 32821

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 1/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Sabin Sr. V.P.