FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S13758** **(5)**

1. Corporation Name
DISNEY VACATION CLUB MANAGEMENT CORP.

Principal Place of Business	Mailing Address
6751 FORUM DR 220 ORLANDO FL 32821 US	500 S BUENA VISTA ST BURBANK CA 91521 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 500 S. Buena Vista Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Burbank, CA
Zip / County 24 / 25	Zip / County 29 91521-0340 / 30 U.S.

4. FEI Number: **59-3039581** ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE FOUR NORTH, ATTN: LEGAL DEPT. LAKE BUENA VISTA FL 32830	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 _____ 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	XX	11 TITLE	AT	XX Change ☐ Addition
NAME	~~ZEIGLER,RALPH~~	12 NAME	Hughes, David A.	
STREET ADDRESS	~~6848 WESTWOOD BLVD~~	13 STREET ADDRESS	500 S. Buena Vista Street	
CITY-ST-ZIP	~~ORLANDO FL XXX~~	14 CITY-ST-ZIP	Burbank, CA 91521	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LITVACK, SANFORD M	22 NAME		
STREET ADDRESS	500 S BUENA VISTA ST	23 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	KATHEDER, THOMAS	32 NAME		
STREET ADDRESS	1375 BUENA VISTA DR	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	RUMMELL, PETER, S	42 NAME		
STREET ADDRESS	500 S BUENA VISTA ST	43 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	44 CITY-ST-ZIP		
TITLE	DAS	51 TITLE		☐ Change ☐ Addition
NAME	REED, MARSHA L.	52 NAME		
STREET ADDRESS	500 S BUENA VISTA ST	53 STREET ADDRESS		
CITY-ST-ZIP	BURBANK CA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: _____ 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Marsha L. Reed

0565080 CP