

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S13758 (5)

1. Corporation Name  
DISNEY VACATION CLUB MANAGEMENT CORP.

Principal Place of Business  
200 CELEBRATION PLACE  
220  
CELEBRATION FL 34747  
US

Mailing Address  
200 CELEBRATION PLACE  
CELEBRATION FL 34747-4800  
US



3. Date Incorporated or Qualified 11/20/1990  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 500 S. Buena Vista St.		59-3039581		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Burbank, CA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 91521-0586		30 USA		8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AT	DELETE		1.1 TITLE	Change Addition		
NAME	BUETTNER, ANNE M.			1.2 NAME			
STREET ADDRESS	500 S. BUEN VISTA ST.			1.3 STREET ADDRESS	500 S. Buena Vista St.		
CITY- ST- ZIP	BURBANK CA			1.4 CITY- ST- ZIP	Burbank, CA 91521		
TITLE	D	DELETE		2.1 TITLE	Change Addition		
NAME	LITVACK, SANFORD M			2.2 NAME			
STREET ADDRESS	500 S BUENA VISTA ST			2.3 STREET ADDRESS			
CITY- ST- ZIP	BURBANK CA			2.4 CITY- ST- ZIP	91521		
TITLE	S	DELETE		3.1 TITLE	Change Addition		
NAME	KATHEDE, THOMAS			3.2 NAME			
STREET ADDRESS	1375 BUENA VISTA DR			3.3 STREET ADDRESS			
CITY- ST- ZIP	LAKE BUENA VISTA FL			3.4 CITY- ST- ZIP	32830		
TITLE	PD	DELETE		4.1 TITLE	Change Addition		
NAME	RUMMELL, PETER, S			4.2 NAME	Kenneth P. Wong		
STREET ADDRESS	500 S BUENA VISTA ST			4.3 STREET ADDRESS	1401 Flower St.		
CITY- ST- ZIP	BURBANK CA			4.4 CITY- ST- ZIP	Glendale, CA 91221		
TITLE	DAS	DELETE		5.1 TITLE	Change Addition		
NAME	REED, MARSHA L.			5.2 NAME	Marsha L. Reed		
STREET ADDRESS	500 S BUENA VISTA ST			5.3 STREET ADDRESS	500 S. Buena Vista St.		
CITY- ST- ZIP	BURBANK CA			5.4 CITY- ST- ZIP	Burbank, CA 91521		
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 CITY- ST- ZIP			

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: Marsha L. Reed (818) 560-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)