2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# S13758

Entity Name: DISNEY VACATION CLUB MANAGEMENT CORP.

Current Principal Place of Business:

200 CELEBRATION PLACE
CELEBRATION, FL 34747 US

New Principal Place of Business:

200 CELEBRATION PLACE
CELEBRATION, FL 34747

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210586 US

New Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210586

FEI Number: 59-3039581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DRIVE
FOUR NORTH, ATTN: LEGAL DEPT.
LAKE BUENA VISTA, FL 32830

Name and Address of New Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/22/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEISS, ALLEN R
Address: 1375 BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VASD ( ) Delete
Name: REED, MARSHA L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: S ( ) Delete
Name: KATHEDER, THOMAS
Address: 1375 BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: T ( ) Delete
Name: SCHULTZ, TERRI A
Address: 200 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: AT ( ) Delete
Name: BUETTNER, ANNE L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: D ( ) Delete
Name: AGUEL, GEORGE
Address: 1675 BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED AS 04/22/2003
Electronic Signature of Signing Officer or Director — Date