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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S13764** **(3)**

1. Corporation Name

DISNEY VACATION DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6751 FORUM DR 220 ORLANDO FL 32821 US	500 SOUTH BUENA VISTA STREET SUITE 220 BURBANK CA 91521-0340 US

3. Date Incorporated or Qualified: **11/20/1990**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 ~~200 CELEBRATION PLACE~~
Suite, Apt. #, etc.
22
23 City & State: CELEBRATION, FL
24 Zip: 34747
25 Country: USA

2a. Mailing Address
26 ~~500 SOUTH BUENA VISTA STREET~~
Suite, Apt. #, etc.
27
28 City & State: BURBANK, CA
29 Zip: 91521-0586
30 Country: USA

4. FEI Number: **59-3039587** ☐ 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

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

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S
1375 BUENA VISTA DR
4THFL N
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HUGHES, DAVID A. 500 SOUTH BUENA VISTA STREET BURBANK CA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T GRISMER, PATRICK J. 200 CELEBRATION PLACE ~~CELEBRATION, FL 34747~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KATHEDER, THOMAS 1375 BUENA VISTA DR LAKE BUENA VISTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITVACK, SANFORD M 500 S BUENA VISTA ST BURBANK CA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUMMELL, PETER, S 500 S BUENA VISTA ST BURBANK CA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD REED, MARSHA L. 500 S BUENA VISTA ST BURBANK CA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
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

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.

MARSHA L. REED

SIGNATURE: _____ Date: 4/14/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)