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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
200 Celebration Place Celebration, FL 34747-4600	500 S. Buena Vista St. Burbank, CA 91521-0586

3. Date Incorporated or Qualified: 11/20/90
3a. Date of Last Report: 4/16/96
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Frank S. Ioppolo
1375 Buena Vista Drive
4th Floor North
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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Kenneth P. Wong	1.2 NAME	
STREET ADDRESS	1401 Flower St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Glendale, CA 91203	1.4 CITY-ST-ZIP	
TITLE	ASD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Marsha L. Reed	2.2 NAME	
STREET ADDRESS	500 S. Buena Vista St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	2.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Katheder	3.2 NAME	
STREET ADDRESS	1375 Buena Vista Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Buena Vista, FL 32830	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Sanford M. Litvack	4.2 NAME	
STREET ADDRESS	500 S. Buena Vista St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	4.4 CITY-ST-ZIP	
TITLE	AT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Anne L. Buettner	5.2 NAME	
STREET ADDRESS	500 S. Buena Vista St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	5.4 CITY-ST-ZIP	
TITLE	AT ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	James D. Hanford	6.2 NAME	
STREET ADDRESS	500 S. Buena Vista St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Burbank, CA 91521	6.4 CITY-ST-ZIP	

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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 #