
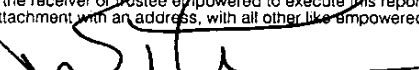


FILED
Feb 12, 2008 8:00 am
Secretary of State

40025514

DOCUMENT # S98549				02-12-2008 90019 013 ***158.75	
1. Entity Name WILSON RESORT MANAGEMENT CORP.					
Principal Place of Business 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201			Mailing Address 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO HARRILL, DON L 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list of officers for additional changes.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WILSON, ROBERT A 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WILSON, C. KEMMONS JR. 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SRVS LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Exec. VP Lower, Brian T 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MOORE, BETTY W 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEST, CAROLE WILSON 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2/11/08 407-239-0000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40023514
598549

WILSON RESORT MANAGEMENT CORP.
(FEI # 59-3095499)

8700 Trail Lake Dr. West, Suite 300
Memphis, TN 38125

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	Asst. T
Gary McClain	Asst. S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Don L. Harrill	P/CEO
Brian T. Lower	Exec. VP/ S
Thomas R. Nelson	Exec.VP/CFO/T
Ron Juneman	Sr. VP
Ralph Bailey	Sr. VP
Michael Thompson	VP
Christina Briggs	Asst. VP
Scott Nassar	Sr. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Exec. VP=Executive Vice President, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant