# 2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000005847

Entity Name: WALT DISNEY ATTRACTIONS TECHNOLOGY LLC

FILED
Jul 27, 2017
Secretary of State
CC7217862142

#### **Current Principal Place of Business:**

1375 BUENA VISTA DRIVE LAKE BUENA VISTA, FL 32830

### **Current Mailing Address:**

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521

FEI Number: 81-1521860 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MBR Title SECRETARY

Name DISNEY WORLDWIDE SERVICES, INC. Name REED, MARSHA L.

Address 1375 BUENA VISTA DRIVE Address 500 SOUTH BUENA VISTA STREET

City-State-Zip: LAKE BUENA VISTA FL 32830 City-State-Zip: BURBANK CA 91521

Title TREASURER Title PRESIDENT

Name HEADLEY, JONATHAN S Name VAHLE, JEFFREY N.

Address 500 SOUTH BUENA VISTA STREET Address 3401 EAST VISTA BLVD.

City-State-Zip: BURBANK CA 91521 City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST. TREASURER Title ASST. SECRETARY
Name BELZER, GREGORY Name PRIEST, HENRY C

Address 1375 BUENA VISTA DRIVE Address 1170 CELEBRATION BLVD City-State-Zip: LAKE BUENA VISTA FL 32830 City-State-Zip: CELEBRATION FL 34747

TitleSENIOR VPTitleASST. SECRETARYNameSTOWELL, JOHN ANameSALAMA, MICHAEL

Address 611 NORTH BRAND BOULEVARD Address 500 SOUTH BUENA VISTA STREET

City-State-Zip: GLENDALE CA 91203 City-State-Zip: BURBANK CA 91521

#### Continues on page 2

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L. REED SECRETARY 07/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

TitleASST. SECRETARYTitleASSISTANT SECRETARYNameSTEED, SHANNA LNameSOLOMON, AARON H.Address500 SOUTH BUENA VISTA STREETAddress1170 CELEBRATION BLVD.

City-State-Zip: BURBANK CA 91521 City-State-Zip: CELEBRATION FL 34747