2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005847

Entity Name: WALT DISNEY ATTRACTIONS TECHNOLOGY LLC

FILED
Jan 31, 2020
Secretary of State
8391539721CC

Current Principal Place of Business:

1375 BUENA VISTA DRIVE 4TH FLOOR NORTH 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 ASST. SECRETARY Title AUTHORIZED MEMBER

Name SOLOMON, AARON H Name DISNEY WORLDWIDE SERVICES, INC.

Address 1170 CELEBRATION BLVD Address 1375 BUENA VISTA DRIVE

4TH FLOOR NORTH

City-State-Zip: CELEBRATION FL 34747

City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST. TREASURER Title PRESIDENT

Name BELZER, GREGORY Name VAHLE, JEFFREY N

Address 500 SOUTH BUENA VISTA STREET
Address 210 CELEBRATION PLACE
City-State-Zip: BURBANK CA 91521

City-State-Zip: CELEBRATION FL 34747

Title SENIOR VICE PRESIDENT Title TREASURER

Name STOWELL, JOHN A Name HEADLEY, JONATHAN S

Address 611 NORTH BRAND BLVD Address 500 SOUTH BUENA VISTA STREET

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

Title SECRETARY Title ASST. SECRETARY

Name GAVAZZI, CHAKIRA H Name SALAMA, MICHAEL

Address 500 SOUTH BUENA VISTA STREET Address 500 SOUTH BUENA VISTA STREET

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

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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: CHAKIRA H GAVAZZI

SECRETARY

01/31/2020

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name STEED, SHANNA L

Address 500 SOUTH BUENA VISTA STREET

City-State-Zip: BURBANK CA 91521