

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004641

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC5469624849**

**Entity Name:** ADVENTURES BY DISNEY TRAVEL SERVICES, INC.

**Current Principal Place of Business:**

500 S BUENA VISTA STREET  
BURBANK, CA 91521

**Current Mailing Address:**

500 S. BUENA VISTA STREET  
BURBANK, CA 91521

**FEI Number:** 20-4092317

**Certificate of Status Desired:** No

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

CRAIGMILE, JEFFREY S  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 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

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name REED, MARSHA L  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title PRESIDENT  
Name HOLZ, KARL L  
Address 200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title SENIOR VICE PRESIDENT  
Name POTROCK, KENNETH M  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name STOWELL, JOHN A  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title VICE PRESIDENT  
Name ARNDT, JO-ANN  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title ASST TREASURER  
Name PRIEST, HENRY C  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title ASST TREASURER  
Name SALAMA, MICHAEL  
Address 500 S BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title ASST TREASURER  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA L REED

**SECRETARY**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date