


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90173 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001422**

1. Corporation Name  
**MARRIOTT INTERNATIONAL ADMINISTRATIVE SERVICES, INC.**



Principal Place of Business 10400 FERNWOOD ROAD BETHESDA MD 20817	Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA MD 20817
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1996</b>	
21		26		4. FEI Number <b>52-1953953</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, WILLIAM J	1.2 NAME	Arne M. Sorenson
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD 20817	1.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STEIN, MICHAEL A	2.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGLOCKTON, JOAN R	3.2 NAME	W. David Mann
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD 20817	3.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	STANT, JEFF B	4.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BENZ, NANCY L	5.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MURPHY, RAYMOND G	6.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *William J Shaw* 4/21/99 301-380-8742  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)