

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90265 017 \*\*\*150.00

DOCUMENT # F96000001422 381

1. Entity Name

**MARRIOTT INTERNATIONAL ADMINISTRATIVE SERVICES,**

Principal Place of Business

Mailing Address

10400 FERNWOOD ROAD  
 BETHESDA MD 20817

10400 FERNWOOD ROAD  
 DEPT. 924.13  
 BETHESDA MD 20817-1109

A0041134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1953953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, WILLIAM J 10400 FERNWOOD ROAD BETHESDA MD 20817 <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	VD STEIN, MICHAEL A 10400 FERNWOOD ROAD BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V M. LESTER PULSE JR. 10400 FERNWOOD ROAD BETHESDA, MD. 20817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLOCKTON, JOAN R 10400 FERNWOOD ROAD BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-S WILLIAM DAVID MANN 10400 FERNWOOD ROAD BETHESDA, MD. 20817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STANT, JEFF B 10400 FERNWOOD ROAD BETHESDA MD 20817 <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	AS BENZ, NANCY L 10400 FERNWOOD ROAD BETHESDA MD 20817 <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	T MURPHY, RAYMOND G 10400 FERNWOOD ROAD BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROLYN B. HANDLON 10400 FERNWOOD ROAD BETHESDA, MD. 20817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy L. Benz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

4/12/00 (301) 380-8742  
 Date Daytime Phone #