


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001422
 1. Entity Name
 MARRIOTT INTERNATIONAL ADMINISTRATIVE SERVICES, INC. 381



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|--|--|
| Principal Place of Business 10400 FERNWOOD ROAD BETHESDA, MD 20817 | Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817 |
|--|--|

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 52-1953953 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHAW, WILLIAM J 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PULSE, LESTER M 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S INGALSS, DOROTHY M 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS STANT, JEFF B 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BENZ, NANCY L 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HANDLON, CAROLYN B 10400 FERNWOOD ROAD BETHESDA, MD 20817 |

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 04/28/04-80070-013 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L Benz 04-23-04 301-380-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #