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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F97000005762

1. Entity Name
MARRIOTT INTERNATIONAL, INC.

Principal Place of Business
10400 FERNWOOD RD.
DEPT. 924.13
BETHESDA, MD 20817

Mailing Address
10400 FERNWOOD RD.
DEPT. 924.13
BETHESDA, MD 20817

01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2055918
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
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PD
NAME	SHAW, WILLIAM J
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	S
NAME	INGALLS, DOROTHY
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	TV
NAME	HANDLON, CAROLYN
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	D
NAME	MARRIOTT, JOHN
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	V
NAME	PULSE, M LESTER JR
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	DV
NAME	RYAN, JOSEPH
STREET ADDRESS	10400 FERNWOOD RD.
CITY-ST-ZIP	BETHESDA, MD 20817

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04/28/04-80070-011 150.00

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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 Berg 04-23-04 301-380-8942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #