

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F98000006995

1. Entity Name

**HOST MARRIOTT CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 29 PM 3:00

Principal Place of Business  
10400 Fernwood Road  
Dept. 72/862  
Bethesda, MD 20817-1109  
US

Mailing Address  
10400 Fernwood Road  
Dept. 72/862  
Bethesda, MD 20817-1109  
US

2. Principal Place of Business  
**10400 Fernwood Road**  
Suite, Apt. #, etc.  
**Suite 500**  
City & State  
**Bethesda, Maryland**  
Zip  
**20817-1109**

3. Mailing Address  
**10400 Fernwood Road**  
Suite, Apt. #, etc.  
**Suite 500, Dept. 72/923**  
City & State  
**Bethesda, Maryland**  
Zip  
**20817-1109**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**53-0085950**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**The Prentice-Hall Corporation System, Inc.**  
**1201 Hays Street**  
**Suite 105**  
**Tallahassee, FL 32301**

7. Name and Address of New Registered Agent  
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

TITLE	<b>President &amp; CEO</b>	<input type="checkbox"/> Delete
NAME	<b>Terence C. Golden</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817-1109</b>	
TITLE	<b>Executive VP &amp; CEO</b>	<input type="checkbox"/> Delete
NAME	<b>Christopher J. Nassetta</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817-1109</b>	
TITLE	<b>Executive VP &amp; CFO</b>	<input type="checkbox"/> Delete
NAME	<b>Robert E. Parsons, Jr.</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817-1109</b>	
TITLE	<b>Senior VP, General Counsel &amp; Corp Sec.</b>	<input type="checkbox"/> Delete
NAME	<b>Christopher G. Townsend</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817-1109</b>	
TITLE	<b>Senior VP &amp; Corp. Controller</b>	<input type="checkbox"/> Delete
NAME	<b>Donald D. Olinger</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817-1109</b>	
TITLE	<b>Vice President &amp; Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>W. Edward Walter</b>	
STREET ADDRESS	<b>10400 Fernwood Road</b>	
CITY-ST-ZIP	<b>Bethesda, ME 20817</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>000003187800--2</b>
STREET ADDRESS	<b>-03/29/00--01009--016</b>
CITY-ST-ZIP	<b>***1317.50 *****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Susan E. Wallace* **Susan E. Wallace** **03/07/00** **301-380-7575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)