2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006995

1. Entity Name
HOST MARRIOTT CORPORATION

FILED
04 APR 30 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 20817-1818	6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 20817-1818

03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
53-0085950
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCEO
NAME	NASSETTA, CHRISTOPHER J
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	EVP
NAME	RISOLEO, JAMES F
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	SVPC
NAME	HARVEY, LARRY L
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	EVCF
NAME	WALTER, W. EDWARD
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	EVS
NAME	ABDOO, ELIZABETH A
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818
TITLE	AS
NAME	WALLACE, SUSAN E
STREET ADDRESS	6903 ROCKLEDGE DR. #1500
CITY-ST-ZIP	BETHESDA, MD 208171818

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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: Susan E. Wallace Susan E. Wallace 03/30/04 (240) 744-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #