

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P10329**  
 1. Corporation Name

**MARRIOTT DISTRIBUTION SERVICES, INC.**

Principal Place of Business: **10400 FERNWOOD ROAD BETHESDAS, MD. 20817**  
 Mailing Address: **10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD. 20817**

3. Date Incorporated or Qualified: **07/31/1980** 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **52-1190602** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**SEE ATTACHED**

**SEE ATTACHED**

**405/1/97**  
**400002164264**  
**-05/02/97--0115--048**  
**\*\*\*165.00**

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L. Benz **NANCY L. BENZ**  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 23 1997**

Date

**(301)380-1233**  
 Daytime Phone #

CR2E034 (9/96)

01/16/1997

**Domestic Subsidiaries  
Officer Address List**  
FEDID : 52-1190602

Page Number : 1

Marriott Distribution Services, Inc. - 407  
10400 Fernwood Road  
Bethesda, MD 20817

Date of Incorporation : 07/31/1980  
State of Incorporation : DE

	<u>Residence</u>	<u>SSN</u>
<u>Assistant Secretary(ies):</u> G. Cope Stewart III	1841 R Street, NW Washington, DC 20009	554-58-8352
Jeff B. Stant	717 N. Oakland Street Arlington, VA 22203	227-58-4274
M. Lester Pulse Jr.	11202 Farmland Drive Rockville, MD 20852	262-08-9349
Maritza Cordero	PO Box 34171 Bethesda, MD 20827	047-80-4813
Michael B. Lichtenstein	1220 Pine Crest Circle Silver Spring, MD 20910	216-46-8003
Nancy L. Benz	9132 Willowgate Lane Bethesda, MD 20817	577-86-6945
Robert A. Stern	617 Sealstone Road Silver Spring, MD 20905	136-52-9417
Ward R. Cooper	9618 Dilston Road Silver Spring, MD 20903	558-74-9148
<u>Assistant Treasurer(s):</u> Carolyn B. Handlon	1215 Potomac School Road McLean, VA 22107	228-98-8363
<u>Chief Financial Officer:</u> Michael A. Stein	9812 Kendale Road Potomac, MD 20854	215-48-5682
<u>Director(s):</u> Joseph Ryan	10836 Alloway Drive Potomac, MD 20854	539-38-7499
Michael A. Stein	9812 Kendale Road Potomac, MD 20854	215-48-5682
William J. Shaw	21 Bridle Court Potomac, MD 20854	226-62-8623
<u>President:</u> William J. Shaw	21 Bridle Court Potomac, MD 20854	226-62-8623
<u>Secretary:</u> Joan Reclor McGlockton	1409 Squaw Hill Lane Silver Spring, MD 20906	579-84-8309
<u>Treasurer:</u> Raymond G. Murphy	14604 Carrolton Road Rockville, MD 20853	093-38-7411
<u>Vice President(s):</u> Joseph Ryan	10836 Alloway Drive Potomac, MD 20854	539-38-7499
Michael A. Stein	9812 Kendale Road Potomac, MD 20854	215-48-5682

**Domestic Subsidiaries  
Officer Address List**

137-32-3625

01/16/1997

12210 Piney Glen Lane  
Potomac, MD 20854

Vice President(s):  
Robert T. Pras