

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 018 ***150.00

DOCUMENT # P10329

1. Entity Name

MARRIOTT DISTRIBUTION SERVICES, INC.

407

Principal Place of Business

Mailing Address

10400 FERNWOOD RD
 BETHESDA MD 20817
 US

10400 FERNWOOD ROAD
 DEPT 924.13
 BETHESDA MD 20817-1109

ADDU1100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1190602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERT T PRAS	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RYAN, JOSEPH	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, RAYMOND G	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCGLOCKTON, JOAN RECTOR	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENZ, NANCY L.	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, MICHAEL A.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN B. HANDLON	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD. 20817	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIM DAVID MANN	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD. 20187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M.LESTER PULSE JR.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD. 20817	

13. 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: *Nancy L. Benz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

4/12/00

Date

(301) 380-8742

Daytime Phone #