

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25296** (5)
1. Corporation Name
MARRIOTT FIBM ONE CORPORATION



Principal Place of Business DEPT. 862 10400 FERNWOOD ROAD BETHESDA MD 20817-1109 US	Mailing Address 10400 FERNWOOD ROAD DEPT 72862 BETHESDA MD 20817 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/25/1989	
		4. FEI Number 52-1637152		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	PARSONS, ROBERT JR.			1.2 NAME			
STREET ADDRESS	10400 FERNWOOD RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			1.4 CITY-ST-ZIP			
TITLE	VASD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	TOWNSEND, CHRISTOPHER G.			2.2 NAME			
STREET ADDRESS	10400 FERNWOOD RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	TERRENCE C. GOLDEN			3.2 NAME			
STREET ADDRESS	10400 FERNWOOD ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	WARDINSKI, BRUCE D			4.2 NAME			
STREET ADDRESS	10400 FERNWOOD RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			4.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	WALLACE, SUSAN E.			5.2 NAME			
STREET ADDRESS	10400 FERNWOOD RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			5.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		6.1 TITLE	☒ Change ☐ Addition		
NAME	STEMERMAN, BRUCE F.			6.2 NAME			
STREET ADDRESS	10400 FERNWOOD RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			6.4 CITY-ST-ZIP			

14. 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 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.

CR2E034 (10/97)