


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
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # 815208 1. Corporation Name HOST MARRIOTT CORPORATION </div> <div style="font-size: 2em; font-weight: bold;">(4)</div> </div>		
Principal Place of Business 10400 FERNWOOD ROAD DEPT. #862 BETHESDA MD 20817-1109 US		Mailing Address 10400 FERNWOOD ROAD DEPT. 72.862 BETHESDA MD 20817 US
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country </div>	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST 105 TALLAHASSEE FL 32301 </div> <div style="width: 15%; border: 1px solid black; padding: 2px;"> 81 Name 82 Street Address 83 84 City </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes		
SIGNATURE _____ (NOTE: Registered Agent; signature required)		
OFFICERS AND DIRECTORS		
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> DELETE WALLACE, SUSAN E. 10400 FERNWOOD ROAD BETHESDA MD	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE CEOP TERENCE C. GOLDEN 10400 FERNWOOD ROAD BETHESDA MD	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D MARRIOTT, J.W. J 10400 FERNWOOD RD. BETHESDA MD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE CFO ROBERT E. PARSONS, JR. 10400 FERNWOOD ROAD BETHESDA MD	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE SVS TOWNSEND, C.G. 10400 FERNWOOD RD. BETHESDA MD	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D MARRIOTT, RICHARD E. 10400 FERNWOOD RD. BETHESDA MD	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1961		
4. FEI Number 53-0085950	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
11. If the corporation is not a corporation, the name and address of the person or persons (P.O. Box Number is Not Acceptable)		
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 NAME STREET ADDRESS CITY - ST - ZIP	AS WALLACE, SUSAN E. 10400 FERNWOOD ROAD BETHESDA MD	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP TERENCE C. GOLDEN 10400 FERNWOOD ROAD BETHESDA MD	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARRIOTT, J.W. J 10400 FERNWOOD RD. BETHESDA MD	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ROBERT E. PARSONS, JR. 10400 FERNWOOD ROAD BETHESDA MD	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	0000024734 ID -03/31/98--01026--023 ***1950.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVS TOWNSEND, C.G. 10400 FERNWOOD RD. BETHESDA MD	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARRIOTT, RICHARD E. 10400 FERNWOOD RD. BETHESDA MD	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	MARRIOTT, RICHARD E. ONE MARRIOTT DRIVE WASHINGTON, D.C. 20058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

CP2E034 (10/97)