015208

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Annual Report Filed 6-30-77

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SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

Bruce A, Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

Form COR 620

APPROVED AND FILED

Jun 30 11 33 AM 1977

FLORIDA DEPT. OF STATE

Name and Address of Corporation Principal Office:	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT, Sufficient.	
□ 815208 □ MARRIÚTT CGRPÐRAŤIÐN□□□ (DELAMARE CORPURAT	Street Address	
5161 RIVEP RUAD WASHINGTON 15 D C 20016	P,O, Box No.	
L	City	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code,	State Zip Code	

3. Date Incorporated or Qualified To Do Business in Florida 04/14/1961 4. Federal Employer Identification Number 53-0085950 5. Date of Last Report 1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Olrector (x)	Street Address of Each Officer and Director 1Do NOT Use Post Office Box Numbers)	City and State
MARRIOTTFJ WILLARD JR	PRES	DIR	5161 RIVER RD.	WASHINGTON, DC
MARRIOTT, WHODROW D	V.P.	DIR	5161 RIVER RD.	WASHINGTON, DC
HORRIS, ROBERT B	SEC.	<u> </u>	5161 RIVER RD.	WASHINGTON, DC
WILSON, GARY L.	V.P.	<u> </u>	5161 RIVER RD.	WASHINGTON, DC
VINCENT, HARRY		DIR	5161 RIVER RD.	WASHINGTON, D.C.
YEAGERI C. RUBERT		DIR	5161 RIVER RO.	WASHINGTON, D.C.
SLOTHOWER, WARREN A.	ASST		5161 RIVER RD.	WASHINGTON, D.C.
		1		1

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned II It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter GO7 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath,

Have the Same Legal Effect As If Made Under Oath,						
Typed Name of Signing Officer	Title					
Warren A Slothower	Assistant	Secretary				

Telephone Number 301-986-5694 Date 6-9-77

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE