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Annual Report
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815208 (4)

1. Corporation Name
HOST MARRIOTT CORPORATION

Mailing Address	Principal Place of Business
10400 FERNWOOD ROAD DEPT. #862 BETHESDA MD 20058	10400 FERNWOOD ROAD DEPT. #862 BETHESDA MD 20058

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 10400 FERNWOOD ROAD	26
Suite, Apt. #, etc. 22 DEPT.72.862	Suite, Apt. #, etc. 27
City & State 23 BETHESDA, MD	City & State 28
Zip 24 20817 — Country 25 MONTGOMERY	Zip 29 — Country 30

3. Date Incorporated or Qualified: 04/14/1961
3a. Date of Last Report: 04/12/1993
4. FEI Number: 53-0085950 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
83 SUITE 105
84 City: TALLAHASSEE FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ______________
Registered Agent Accepting Appointment — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	A/S	1.1 TITLE	A/S
1.2 NAME	~~BRUFF CAROL~~	1.2 NAME	SUSAN E. WALLACE
1.3 STREET ADDRESS	10400 FERNWOOD RD.	1.3 STREET ADDRESS	10400 FERNWOOD RD.
1.4 CITY ST ZIP	BETHESDA MD	1.4 CITY ST ZIP	BETHESDA, MD 20817
2.1 TITLE	C/E/O	2.1 TITLE	
2.2 NAME	BOLLENBACH, STEPHEN F	2.2 NAME	
2.3 STREET ADDRESS	10400 FERNWOOD RD	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	BETHESDA MD	2.4 CITY ST ZIP	
3.1 TITLE	~~C/P~~	3.1 TITLE	D
3.2 NAME	MARRIOTT, J. W. JR.	3.2 NAME	MARRIOTT, J.W.JR.
3.3 STREET ADDRESS	10400 FERNWOOD RD.	3.3 STREET ADDRESS	
3.4 CITY ST ZIP	BETHESDA MD	3.4 CITY ST ZIP	
4.1 TITLE	E/V/P	4.1 TITLE	E/V/P
4.2 NAME	~~SHAW, WILLIAM J~~	4.2 NAME	WILLIAM W. McCARTEN
4.3 STREET ADDRESS	10400 FERNWOOD RD.	4.3 STREET ADDRESS	10400 FERNWOOD ROAD
4.4 CITY ST ZIP	BETHESDA MD	4.4 CITY ST ZIP	BETHESDA, MD 20817
5.1 TITLE	V/P	5.1 TITLE	V/P
5.2 NAME	~~MCCARTEN, WILLIAM W.~~	5.2 NAME	C. G. TOWNSEND
5.3 STREET ADDRESS	10400 FERNWOOD RD.	5.3 STREET ADDRESS	10400 FERNWOOD RD
5.4 CITY ST ZIP	BETHESDA MD	5.4 CITY ST ZIP	BETHESDA, MD 20817
6.1 TITLE	D	6.1 TITLE	CHAIRMAN OF THE BOARD
6.2 NAME	MARRIOTT, RICHARD E.	6.2 NAME	MARRIOTT, RICHARD E.
6.3 STREET ADDRESS	10400 FERNWOOD RD.	6.3 STREET ADDRESS	
6.4 CITY ST ZIP	BETHESDA MD	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 or Chapter 617, Florida Statutes; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SUSAN E. WALLACE — APR 20 1994 — (301)380-5168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #