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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846960 (3)

1. Corporation Name
MARRIOTT FAMILY RESTAURANTS, INC.

Principal Place of Business
1040 FERNWOOD ROAD, DEPT 862
BETHESDA MD 20058

Mailing Address
1040 FERNWOOD ROAD, DEPT 862
DEPT 72/862
BETHESDA MD 20058
US



2. Principal Place of Business
21 6600 Rockledge Drive
Suite, Apt. #, etc.
22 Dept. 72-928.81

2a. Mailing Address
26 6600 Rockledge Drive
Suite, Apt. #, etc.
27 Dept. 72-928.81

23 City & State
Bethesda, MD

28 City & State
Bethesda, MD

24 Zip Country
20817 U.S.

29 Zip Country
20817 U.S.

3. Date Incorporated or Qualified 09/16/1980
3a. Date of Last Report 05/01/1996

4. FEI Number 52-1176118
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 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
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
TITLE PD
NAME WILLIAM W. MCCARTEN
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD
TITLE TV
NAME WALLADCE, SUSAN E
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD
TITLE S
NAME ANITA COOKE-WELLS
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD
TITLE V
NAME JOE P. MARTIN
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD
TITLE D
NAME RICHARD E. MARRIOTT
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
1.4 CITY-ST-ZIP Bethesda, MD 20817
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Brian W. Bethers
2.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
2.4 CITY-ST-ZIP Bethesda, MD 20817
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Lori A. Cramp
3.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
3.4 CITY-ST-ZIP Bethesda, MD 20817
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V/S
4.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
4.4 CITY-ST-ZIP Bethesda, MD 20817
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME John J. McCarthy
5.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
5.4 CITY-ST-ZIP Bethesda, MD 20817
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME William J. Shaw
6.3 STREET ADDRESS 6600 Rockledge Drive, Dept. 72-928.81
6.4 CITY-ST-ZIP Bethesda, MD 20817

14. I do 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.

SIGNATURE: *[Signature]* Secretary 4/2/97 (301) 380-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)