2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 846960** May 02, 2000 8:00 am Secretary of State 1. Entity Name HOST MARRIOTT SERVICES FAMILY RESTAURANTS, INC. 05-02-2000 90096 005 ***150.00 Mailing Address Principal Place of Business 6600 ROCKLEDGE DR. 6600 ROCKLEDGE DR. **DEPT. 72-928.81** DEPT. 72-928.81 BETHESDA MD 20807 BETHESDA MD 20817-1806 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1176118 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE □ Delete TITLE WILLIAM W. MCCARTEN NAME NAME STREET ADDRESS STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD X1 Change ☐ Addition Delete TITLE Lawrence E. Hyatt BETHERS, BRIAN W. NAME 6600 Rockledge Drive 6600 ROCKLEDGE DR., DEPT. 72-928.81 STREET ADDRESS STREET ADDRESS Bethesda, MD 20817 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD VD Change Delete ☐ Addition TITLE CRAMP, LORI A. NAME John M. Green 6600 Rockledge Drive STREET ADDRESS STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81 Bethesda, MD 20817 CITY-ST-7IP CITY-ST-ZIP BETHESDA MD Change ☐ Addition ٧S ☐ Delete TITLE TITLE Joe P. Martin NAME NAME STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bethesda MD ☐ Addition TITLE Change Delete TITLE MCCARTHY, JOHN J. NAME NAME 6600 ROCKLEDGE DR., DEPT. 72-928.81 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD X1 Change ☐ Addition Delete. TITLE Laura A. Babin NAME SHAW, WILLIAM J. NAME 6600 Rockledge Drive STREET ADDRESS 6600 ROCKLEDGE DR., DEPT. 72-928.81 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MA Bethesda, MD 20817 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

MRED_{Laura} A. <u>Babin</u>