

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 851236

(0)

1. Corporation Name

MARRIOTT INTERNATIONAL, INC.

Principal Place of Business

**10400 FERNWOOD
DEPT 824.13
BETHESDA MD 20817
US**

Mailing Address

**10400 FERNWOOD RD
STE 824.13
BETHESDA MD 20817
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

52-0836594

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. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 HAYS STREET SUITE 105

83.

84. City

TALLAHASSEE

FL

85. Zip Code

32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARRIOTT, J W J
STREET ADDRESS	10400 FERNWOOD ROAD
CITY- ST- ZIP	BETHESDA MD
TITLE	S
NAME	MCGLOCKTON, JOAN RECTOR
STREET ADDRESS	10400 FERNWOOD ROAD
CITY- ST- ZIP	BETHESDA MD 20817
TITLE	VT
NAME	MURPHY, RAYMOND G
STREET ADDRESS	10400 FERNWOOD ROAD
CITY- ST- ZIP	BETHESDA MD
TITLE	D
NAME	MARRIOTT, RICHARD E
STREET ADDRESS	10400 FERNWOOD RD
CITY- ST- ZIP	BETHESDA MD
TITLE	VD
NAME	COLTON, STERLING
STREET ADDRESS	10400 FERNWOOD ROAD
CITY- ST- ZIP	BETHESDA MD
TITLE	AS
NAME	BRUFF, CAROL
STREET ADDRESS	10400 FERNWOOD ROAD
CITY- ST- ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	TREASURER ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	DELETE THIS OFFICER -- NO ☒ Change ☐ Addition
4.2 NAME	LONGER WITH THE CORP
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
5.2 NAME	JOSEPH RYAN
5.3 STREET ADDRESS	10400 FERNWOOD ROAD
5.4 CITY- ST- ZIP	BETHESDA, MD 20817
6.1 TITLE	AS ☒ Change ☐ Addition
6.2 NAME	JEFF STANT
6.3 STREET ADDRESS	10400 FERNWOOD ROAD
6.4 CITY- ST- ZIP	BETHESDA, MD 20817

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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Ryan

4-12-95

Date

301-380-3000

Telephone #