

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

601

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851236 (0)**

1. Corporation Name  
**MARRIOTT INTERNATIONAL, INC.**



Principal Place of Business <b>10400 FERNWOOD DEPT 824.13 BETHESDA MD 20817 US</b>	Mailing Address <b>10400 FERNWOOD RD STE 824.13 BETHESDA MD 20817-1109 US</b>
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3. Date Incorporated or Qualified <b>07/02/1971</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>52-0936594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARRIOTT, J W J	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY - ST - ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN RECTOR	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY - ST - ZIP	BETHESDA MD 20817	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MURPHY, RAYMOND G	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY - ST - ZIP	BETHESDA MD	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RYAN, JOSEPH	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY - ST - ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STANT, JEFF	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY - ST - ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARRIOT, RICHARD	
STREET ADDRESS	10400 FERNWOOD RD	
CITY - ST - ZIP	BETHESDA MD 20817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>20817</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>20817</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>20817</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>20817</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Jeff Stant **REQUIRED** DATE: **APR 23 1997** DAYTIME PHONE: **(301)380-5363**

CR2E034 (9/96)