

4-28-97 12-5580 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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
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DOCUMENT # 852009 (0)
1. Corporation Name
HOST INTERNATIONAL, INC.

Principal Place of Business 10400 FERNWOOD ROAD DEPT. 862 BETHESDA MD 20817	Mailing Address 10400 FERNWOOD ROAD DPET 72/862 BETHESDA MD 20817-1109 US
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3. Date Incorporated or Qualified 02/26/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 6600 Rockledge Drive Suite, Apt. #, etc 22 Dept. 72-928. 81 City & State 23 Bethesda, MD Zip 24 20817	2a. Mailing Address 26 6600 Rockledge Drive Suite, Apt. #, etc 27 Dept. 72-928.81 City & State 28 Bethesda, MD Zip 29 20817	Country 25 U.S. 30 U.S.
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4. FEI Number 52-1242334	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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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	SVD
NAME	JOHN J. MCCARTHY
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	S
NAME	ANITA COOKE-WELLS
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	T
NAME	LORI A. CRAMP
STREET ADDRESS	10400 FERNWOOD ROAD.
CITY - ST - ZIP	BETHESDA MD
TITLE	SV
NAME	JOE P. MARTIN
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	AS
NAME	DOUGLASS B. WARREN
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D ☒ 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	P/D ☐ Change ☒ Addition
2.2 NAME	William W. McCarten
2.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
2.4 CITY - ST - ZIP	Bethesda, MD 20817
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	William J. Shaw
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	
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	
5.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
5.4 CITY - ST - ZIP	Bethesda, MD 20817
6.1 TITLE	V ☐ Change ☒ Addition
6.2 NAME	Brian W. Bethers
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 supplement 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 registered agent with an address. I am 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

0008679

CR2E034 (9/96)