

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001968

1. Entity Name
MARRIOTT DISTRIBUTION HOLDING CO.



Principal Place of Business
10400 FERNWOOD ROAD, DEPT. 924.13
BETHESDA, MD 20817

Mailing Address
10400 FERNWOOD ROAD, DEPT. 924.13
BETHESDA, MD 20817



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2175014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCARTEN, WILLIAM W
STREET ADDRESS 2008 FOUNHOUSE ROAD
CITY-ST-ZIP VIENNA, VA 22181

TITLE V
NAME PULSE, M. LESTER JR.
STREET ADDRESS 11202 FARMLAND DRIVE
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE T
NAME HANDLON, CAROLYN B
STREET ADDRESS 1215 POTOMAC ROAD
CITY-ST-ZIP MCLEAN, VA 22101

TITLE D
NAME RYAN, JOHN J
STREET ADDRESS 10836 ALLOWAY DRIVE
CITY-ST-ZIP POTOMAC, MD 20854

TITLE D
NAME SORENSON, ARNE M
STREET ADDRESS 5810 WARWICK PLACE
CITY-ST-ZIP CHEVY CHASE, MD 20815

TITLE S
NAME INGALLS, DOROTHY M
STREET ADDRESS 11821 HUNTING RIDGE COURT
CITY-ST-ZIP POTOMAC, MD 20854

100000135791
04/28/04-80070-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-04 301-380-8742