

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621187 AT

DOCUMENT # F01000001968

1. Entity Name
MARRIOTT DISTRIBUTION HOLDING CO.



FILED

03 AUG -1 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2175014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000021987780
CITY-ST-ZIP 08/01/03--01034--010 ***550.00

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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

JUL 29 2003

Date

301-380-8742

Daytime Phone #

CR2E034 (10/02)