


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001039**

1. Entity Name  
**MARRIOTT OVERSEAS OWNERS SERVICES CORPORATION**



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

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**52-1999717**      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**

7. Name and Address of New Registered Agent  
 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	BRANDAU, JUDY K
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	V <input type="checkbox"/> Delete
NAME	GREEN, MICHAEL J
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	V <input type="checkbox"/> Delete
NAME	KIMBALL, KEVIN M
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	V <input type="checkbox"/> Delete
NAME	MATTEI, ANDREA M
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	V <input type="checkbox"/> Delete
NAME	PHILLIPS, WILLIAM T
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817
TITLE	V <input type="checkbox"/> Delete
NAME	PULSE, M. LESTER JR.
STREET ADDRESS	10400 FERNWOOD ROAD, DEPT. 924.13
CITY-ST-ZIP	BETHESDA MD 20817

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000523390  
 05/03/06-80070-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nancy Y. Beer

3/24/06