

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # F93000003593 (1)**

1. Corporation Name

**MARRIOTT SENIOR LIVING SERVICES, INC.**



Principal Place of Business

Mailing Address

DEPT 924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817  
US

DEPT 924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817  
US

3. Date Incorporated or Qualified **08/06/1993** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number **52-1468493** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JOHNSON, PAUL E JR.</b>                | 1.2 NAME  |  |
| STREET ADDRESS             | <b>8001 HACKAMORE DRIVE</b>               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>POTOMAC MD 20854</b>                   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RYAN, JOSEPH</b>                       | 2.2 NAME  |  |
| STREET ADDRESS             | <b>10400 FERNWOOD ROAD</b>                | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>BETHESDA MD</b>                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MCGLOCKTON, JOAN R</b>                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1409 SQUAW HILL LANE</b>               | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SILVER SPRING MD</b>                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>AS</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BENZ, NANCY L</b>                      | 4.2 NAME  |  |
| STREET ADDRESS             | <b>10400 FERNWOOD RD</b>                  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>BETHESDA MD</b>                        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MORROW, TERENCE P</b>                  | 5.2 NAME  |  |
| STREET ADDRESS             | <b>11593 LAKE NEWPORT ROAD</b>            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>RESTON VA 22094</b>                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SHAW, WILLIAM J</b>                    | 6.2 NAME  |  |
| STREET ADDRESS             | <b>10400 FERNWOOD ROAD</b>                | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>BETHESDA MD 20817</b>                  | 6.4 CITY-ST-ZIP                                       |  |

**200001819942**  
**-05/14/96--01022--018**  
**\*\*\*200.00**

**VD**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Nancy L. Benz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY L. BENZ**

**APR 24 1996**

**(301)380-1233**

Date

Daytime Phone

CR2E034 (12/95)

5/1/96