

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000003593 (1)

1. Corporation Name
MARRIOTT SENIOR LIVING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **08/06/1993**
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-25)
 2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent:
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
Signature: typewritten printed name of reg. filing agent or state filer (applicable) (NOTE: Registered Agent signature required when reinstating)

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

14. 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 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*

2/2/98

CR2E034 (10/97)