

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 039 ***150.00

DOCUMENT # F93000003593

1. Entity Name

MARRIOTT SENIOR LIVING SERVICES, INC.

neb

Principal Place of Business

Mailing Address

DEPT 924.13
 10400 FERNWOOD ROAD
 BETHESDA MD 20817
 US

DEPT 924.13
 10400 FERNWOOD ROAD
 BETHESDA MD 20817-1109
 US

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 **52-1468493**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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
 SUITE 105
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAUL E JR.	NAME	
STREET ADDRESS	8001 HACKAMORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOSEPH	NAME	M. LESTER PULSE JR.
STREET ADDRESS	10400 FERNWOOD ROAD	STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA MD	CITY-ST-ZIP	BETHESDA, MD. 20187
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, W. DAVID	NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, NANCY L	NAME	
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, TERENCE P	NAME	CAROLYN B. HANDLON
STREET ADDRESS	11593 LAKE NEWPORT ROAD	STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	RESTON VA 22094	CITY-ST-ZIP	BETHESDA, MD. 20187
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, WILLIAM J	NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy L. Benz

NANCY L. BENZ

4/12/00

(301) 380-8742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #