

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

DOCUMENT # F93000003717 (6)

1. Corporation Name

MARRIOTT SLS INVESTMENTS 10, INC.

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

52-1837019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 607.1506, 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, typed or printed name, City, State, Zip, and Title (if applicable)

(If 12. Registered Agent signature required, when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PAUL E JR.	
STREET ADDRESS	DEPT. 862, 10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD 20817	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN R	
STREET ADDRESS	DEPT. 862, 10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORROW, TERRENCE P	
STREET ADDRESS	DEPT. 862, 10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD 20817	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENZ, NANCY L	
STREET ADDRESS	10400 FERNWOOD RD	
CITY- ST- ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEDNARZ, EDWARD L.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

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

CR2E034 (12/95)