

4-29-97 B- 5741 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004186 (1)

1. Corporation Name
HOST MARRIOTT TOLLROADS, INC.

Principal Place of Business
10400 FERNWOOD ROAD DEPT 72-062
BETHESDA MD 20817

Mailing Address
10400 FERNWOOD ROAD DEPT 72-062
BETHESDA MD 20817-1109



2. Principal Place of Business 21 6600 Rockledge Drive Suite, Apt. #, etc. 22 Dept. 72-928.81 City & State 23 Bethesda, MD Zip 24 20817		2a. Mailing Address 26 6600 Rockledge Drive Suite, Apt. #, etc. 27 Dept. 72-928.81 City & State 28 Bethesda, MD Zip 29 20817		3. Date Incorporated or Qualified 08/30/1995		3a. Date of Last Report 05/01/1996	
				4. FEI Number -APPLIED FOR- 52-1942491		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301				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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCCARTERN, WILLIAM W 2008 ROUNDHOUSE ROAD VIENNA VA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	McCarten, William W.
STREET ADDRESS		1.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	SV BORAGNO, JAMES A 10400 FERNWOOD ROAD BETHESDA MD 20817-1109	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	McCarthy, John J.
STREET ADDRESS		2.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	AS ECOTT, ANNETTE B 10400 FERNWOOD RD BETHESDA MD 20817-1109	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cramp, Lori A.
STREET ADDRESS		3.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	D MCCARTHY, JOHN J 1501 CRYSTAL DR. ARLINGTON VA	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	McCarthy, John J.
STREET ADDRESS		4.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	VD MARTIN, J P 10400 FERNWOOD RD BETHESDA MD 20817-1109	5.1 TITLE	S/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Bethesda, MD 20817
TITLE	SVCF BETHERS, BRIAN W 10400 FERNWOOD RD BETHESDA MD 20817-1109	6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	6600 Rockledge Drive, Dept. 72-928.81
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Bethesda, MD 20817

14. I do hereby certify that the information supplied with this fil- 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, 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 officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/29/97

Date

(301) 380-2558

Daytime Phone #

CR2E034 (9/96)