

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

6800 ROCKLEDGE ROAD
DEPT 72-928.81
BETHESDA MD 20817
US

Mailing Address

6800 ROCKLEDGE DRIVE
DEPT 72-928.81
BETHESDA MD 20817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number

52-1942491

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

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

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
85	Zip Code

FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCARTEN, WILLIAM W	
STREET ADDRESS	6800 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN J	
STREET ADDRESS	6800 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ECOTT, ANNETTE B	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817-1109	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRAMP, LORI A	
STREET ADDRESS	6800 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	SOV	<input type="checkbox"/> DELETE
NAME	MARTIN, J P	
STREET ADDRESS	6800 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BETHERS, BRIAN W	
STREET ADDRESS	6800 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	Laura A. Babin
3.4 CITY-ST-ZIP	6600 Rockledge Drive Bethesda, MD 20817-1109
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Laura A. Babin

Laura A. Babin

4-15-98

(301) 380-2559

CR2E034 (10/97)