

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004186

1. Corporation Name

HOST MARRIOTT TOLLROADS, INC.

Principal Place of Business

6600 ROCKLEDGE ROAD
DEPT 72-928.81
BETHESDA MD 20817
US

Mailing Address

6600 ROCKLEDGE DRIVE
DEPT 72-928.81
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

9. Name and Address of Current Registered Agent

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

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 the current year Intangible
Personal Property Tax. ☐ 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 607.1508, 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 ☐ DELETE
NAME MCCARTEN, WILLIAM W
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE ☐ DELETE
NAME MCCARTHY, JOHN J
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE ☐ DELETE
NAME BABIN, LAURA A
STREET ADDRESS 6600 ROCKLEDGE DRIVE
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ DELETE
NAME CRAMP, LORI A
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE ☐ DELETE
NAME MARTIN, J P
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

TITLE ☐ DELETE
NAME BETHERS, BRIAN W
STREET ADDRESS 6600 ROCKLEDGE DR, DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME McCarten, William W.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE V/D ☒ Change ☐ Addition
6.2 NAME Bethers, Brian W.
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, with all other like empowered.

SIGNATURE:

Signature of Laura A. Babin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Babin

4-21-99

Date

(301) 380-2558

Daytime Phone #

CR2E034 (1/98)

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90080 033 ***150.00



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