

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004186

1. Entity Name

HOST MARRIOTT TOLLROADS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90096 004 ***150.00

Principal Place of Business

Mailing Address

6600 ROCKLEDGE ROAD
DEPT 72-928.81
BETHESDA MD 20817
US

6600 ROCKLEDGE DRIVE
DEPT 72-928.81
BETHESDA MD 20817-1806
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

52-1942491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, STE 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCARTEN, WILLIAM W	
STREET ADDRESS	6600 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN J	
STREET ADDRESS	6600 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BABIN, LAURA A	
STREET ADDRESS	6600 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRAMP, LORI A	
STREET ADDRESS	6600 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	MARTIN, J P	
STREET ADDRESS	6600 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BETHERS, BRIAN W	
STREET ADDRESS	6600 ROCKLEDGE DR, DEPT 72-928.81	
CITY-ST-ZIP	BETHESDA MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence E. Hyatt	
STREET ADDRESS	6600 Rockledge Drive	
CITY-ST-ZIP	Bethesda, MD 20817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John M. Green	
STREET ADDRESS	6600 Rockledge Drive	
CITY-ST-ZIP	Bethesda, MD 20817	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Babin

Date

Daytime Phone #

(301) 380-2558

CF2E034 (9/99)