

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

FILED
Feb 10 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 # F97000006838 (3)

1. Corporation Name

MARRIOTT CONTINUING CARE, INC.

Principal Place of Business

DEPT. 924.13. 10400 FERNWOOD RD
BETHESDA MD 20817

Mailing Address

DEPT. 924.13. 10400 FERNWOOD RD
BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

52-2069459

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S MCGLOCKTON, JOAN R
10400 FERNWOOD ROAD
BETHESDA MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD MORROW, TERRENCE P
10400 FERNWOOD ROAD
BETHESDA MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V CLARKE, CAROL I
10400 FERNWOOD ROAD
BETHESDA MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JOHNSON JR, PAUL E
10400 FERNWOOD ROAD
BETHESDA MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SHAW, WILLIAM J
10400 FERNWOOD ROAD
BETHESDA MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V PARNELL, DENNIS L
10400 FERNWOOD ROAD
BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

AS Benz, Nancy L.
10400 Fernwood Rd.
Bethesda MD 20817

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:

William J Shaw

2/6/98

(301) 380-3000

CR2E034 (10/97)