

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # H62220 1. Entity Name MARRIOTT RESORTS TITLE COMPANY, INC.	
--	---

Principal Place of Business 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817 US	Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817 US
---	---

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2574155	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISZ, STEPHEN P 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L. 10400 FERNWOOD ROAD BETHESDA, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULSE, M L JR 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBALL, KEVIN M 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCALO, JOSEPH F. 10400 FERNWOOD RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANDLON, CAROLYN B 10400 FERNWOOD RD BETHESDA, MD 20817

000000134987
04/28/04-20077-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Nancy L. Benz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04-23-04 301-380-8742 Date Daytime Phone #
--	--