

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEISZ, STEPHEN P		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BENZ, NANCY L.		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PULSE, M L JR		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KIMBALL, KEVIN M		NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCALO, JOSEPH F.		NAME		
STREET ADDRESS	10400 FERNWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HANDLON, CAROLYN B		NAME		
STREET ADDRESS	10400 FERNWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA, MD 20817		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>			Date: <u>3/24/06</u>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		