

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02041 (2)**

1. Corporation Name
MARRIOTT INTERNATIONAL SERVICES, INC.



Principal Place of Business: **10400 FERNWOOD RD DEPT 924.13 BETHESDA MD 20058 US**
Mailing Address: **10400 FERNWOOD RD DEPT 924.13 BETHESDA MD 20058 US**

3. Date Incorporated or Qualified: **05/15/1984**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **36-2218345**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip (25) Country (29) (30)

9. Name and Address of Current Registered Agent: **PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85): **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ Date: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: O'DELL, CHARLES D	
STREET ADDRESS: 10400 FERNWOOD RD.	
CITY-ST-ZIP: BETHESDA MD	
TITLE: S	<input type="checkbox"/> DELETE
NAME: MCGLOCKTON, JOAN RECTOR	
STREET ADDRESS: 10400 FERNWOOD RD	
CITY-ST-ZIP: BETHESDA MD	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: RYAN, JOSEPH	
STREET ADDRESS: 10400 FERNWOOD ROAD	
CITY-ST-ZIP: BETHESDA MD	
TITLE: D	<input type="checkbox"/> DELETE
NAME: STEIN, MICHAEL A	
STREET ADDRESS: 10400 FERNWOOD RD	
CITY-ST-ZIP: BETHESDA MD	
TITLE: AS	<input type="checkbox"/> DELETE
NAME: BENZ, NANCY L.	
STREET ADDRESS: 10400 FERNWOOD RD.	
CITY-ST-ZIP: BETHESDA MD	
TITLE: T	<input type="checkbox"/> DELETE
NAME: MURPHY, RAYMOND G	
STREET ADDRESS: 10400 FERNWOOD RD	
CITY-ST-ZIP: BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	5/11/96 cc
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	800001819608
15. STREET ADDRESS	-05/14/96--01012--024
16. CITY-ST-ZIP	***200.00
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nancy L. Benz NANCY L. BENZ APR 24 1996 (301)380-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)