

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

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**FILED**  
 May 06 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02041 (2)**

1. Corporation Name  
**MARRIOTT INTERNATIONAL SERVICES, INC.**



Principal Place of Business <b>10400 FERNWOOD RD                  DEPT 824.13                  BETHESDA MD 20058                  US</b>	Mailing Address <b>10400 FERNWOOD RD                  DEPT 824.13                  BETHESDA MD 20817-1109                  US</b>
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3. Date Incorporated or Qualified <b>03/27/1952</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-2218345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 <b>20817</b>	29 <b>20817</b>

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	<b>20817</b>

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>20817</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>20817</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>20817</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>20817</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>20817</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>20817</b>

14. I do 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: *Charles D. O'Dell* APR 23 1997 (301) 380-1233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)