FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 PM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02726** **(8)**

1. Corporation Name
MARRIOTT EDUCATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
10400 FERNWOOD RD., #862 DEPT 924.13 BETHESDA MD 20817 US	10400 FERNWOOD RD., #862 DEPT 924.13 BETHESDA MD 20817 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10400 FERNWOOD ROAD	26 10400 FERNWOOD ROAD
Suite, Apt. #, etc. 22 DEPT. 924.13	Suite, Apt. #, etc. 27 DEPT. 924.13
City & State 23 BETHESDA, MD	City & State 28 BETHESDA, MD
Zip / Country 24 20817 / 25 US	Zip / Country 29 20817 / 30 US

4. FEI Number: 52-1179155 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	61 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 62 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET 63 SUITE 105 64 City: TALLAHASSEE FL 65 Zip Code: 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	O'DELL, CHARLES D	12 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	WEST, STEPHEN	22 NAME	VD
STREET ADDRESS	10400 FERNWOOD ROAD	23 STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	SHAW, WILLIAM J.	32 NAME	D
STREET ADDRESS	10400 FERNWOOD ROAD	33 STREET ADDRESS	WILLIAM J. SHAW
CITY-ST-ZIP	BETHESDA MD	34 CITY-ST-ZIP	10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, JOAN RECTOR	42 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MURPHY, RAYMOND G	52 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	BENZ, NANCY L.	62 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	64 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 4-12-95 304-380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008468 CP