

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03371

FILED
Mar 29, 2011
Secretary of State

Entity Name: MARRIOTT OWNERSHIP RESORTS, INC.

Current Principal Place of Business:

10400 FERNWOOD RD.
DEPT 924.13
BETHESDA, MD 20817 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 699
LOUISVILLE, TN 37777 US

New Mailing Address:

FEI Number: 52-1320904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: JORDAN, HORACE E
Address: 10400 FERNWOOD RD
City-St-Zip: BETHESDA, MD 20817

Title: P
Name: WEISZ, STEPHEN P
Address: 10400 FERNWOOD RD
City-St-Zip: BETHESDA, MD 20817

Title: S
Name: GORDON, BANCROFT S
Address: 10400 FERNWOOD RD.
City-St-Zip: BETHESDA, MD 20817

Title: VP
Name: ZANINI, DANIEL B
Address: 6649 WESTWOOD BLVD
City-St-Zip: ORLANDO, FL 32821

Title: AS
Name: FLOYD, LAURA L
Address: 1965 MARRIOTT DR
City-St-Zip: LOUISVILLE, TN 37777

Title: T
Name: HANDLON, CAROLYN B
Address: 10400 FERNWOOD RD
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA FLOYD

AS

03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date