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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 # **P07696** **(8)**

1. Corporation Name
MARRIOTT HOTEL SERVICES, INC.

Principal Place of Business	Mailing Address
10400 FERNWOOD RD., #952 DEPT 92713 BETHESDA MD 20817 US	10400 FERNWOOD RD., #952 DEPT 924.13 BETHESDA MD 20817 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1985
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 20817	City & State 28 BETHESDA, MD 20817
Zip / Country 24 20817 / 25 US	Zip / Country 29 20817 / 30 US

4. FEI Number: 52-1052660 ☐ 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	81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET 83: SUITE 105 84 City: TALLAHASSEE FL 85 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, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIEFEL, WILLIAM R 10400 FERNWOOD ROAD BETHSEDA MD	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD TODD CLIST 10400 FERNWOOD ROAD BETHESDA, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALKER, MYRON D 10400 FERNWOOD ROAD BETHESDA MD	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D MYRON D. WALKER 10400 FERNWOOD ROAD BETHESDA, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACKIE, MICHAEL R 10400 FERNWOOD ROAD BETHESDA MD	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VD JOSEPH RYAN 10400 FERNWOOD ROAD BETHESDA, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGLOCKTON, JOAN RECTOR 10400 FERNWOOD ROAD BETHESDA MD	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BENZ, NANCY L. 10400 FERNWOOD ROAD BETHESDA MD	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURPHY, RAYMOND G 10400 FERNWOOD ROAD BETHESDA MD	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: Nancy L. Benz Nancy L. Benz 4-12-95 301-380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000491 CP