2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OF THE OF DIRECTOR

FILED **DOCUMENT # P07696** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name MARRIOTT HOTEL SERVICES, INC. 04-18-2000 90265 016 ***150.00 Mailing Address Principal Place of Business 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD BETHESDA MD 20817 **DEPT 924.13** BETHESDA MD 20817-1109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1052660 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD Change ☐ Delete TITLE TITLE NAME NAME CLIST, TODD STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP BETHSEDA MD Change ☐ Addition ☐ Defete TITLE WALKER, MYRON D NAME STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD (A) Change ☐ Addition TITLE Delete TITLE M. LESTER PULSE JR. NAME NAME RYAN, JOSEPH 10400 FERNWOOD ROAD STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. 20187 CITY-ST-ZIP **BETHESDA MD** ☐ Addition Change TITLE ☐ Delete TITLE WILLIAM DAVID MANN NAME MCGLOCKTON, JOAN RECTOR NAME 10400 FERNWOOD ROAD STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA, MD. CITY-ST-ZIP **BETHESDA MD** ☐ Change ☐ Addition □ Delete TITLE TITLE BENZ, NANCY L. NAME STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD ☐ Addition X Delete TITLE TITLE CAROLYN B. HANDLON NAME MURPHY, RAYMOND G NAME 10400 FERNWOODDROAD BETHESDA, MD. 201 STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 13. Thereby 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 report or supplemental 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 11 or Block 12 if

4/12/00 (301) 380-8742

NANCY L. BENZ