

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11087 (4)

1. Corporation Name

CBM ONE CORPORATION



Principal Place of Business

%MARRIOTT CORPORATION
10400 FERNWOOD ROAD, DEPT 862
BETHESDA MD 20817

Mailing Address

%MARRIOTT CORPORATION
DEPT 72/862
BETHESDA MD 20817
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified
08/12/1986

3a. Date of Last Report
03/27/1995

4. FEI Number
52-1468508

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	PARSONS, ROBERT E JR.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
VSD	TOWNSEND, CHRISTOPHER C.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
VD	MAYER, JEFFREY P.	10400 FERNWOOD RD.	BETHESDA MD	<input checked="" type="checkbox"/>
V	HART, MATTHEW J.	10400 FERNWOOD RD.	BETHESDA MD	<input checked="" type="checkbox"/>
AS	WALLACE, SUSAN E	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
CAOD	STEMERMAN, BRUCE F	10400 FERNWOOD ROAD	BETHESDA MD	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V/D	Scott A. LaPorta	10400 Fernwood Road	Bethesda, MD 20817-1109	<input checked="" type="checkbox"/>
V/AS	Pamela J. Murch	10400 Fernwood Road	Bethesda, MD 20817-1109	<input checked="" type="checkbox"/>
V/D	William E. Einstein	10400 Fernwood Road	Bethesda, MD 20817-1109	<input checked="" type="checkbox"/>
AS	David E. Reichmann	10400 Fernwood Road	Bethesda, MD 20817-1109	<input checked="" type="checkbox"/>
P/D/CAO				<input checked="" type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. Wallace

4/18/96

(301) 380-9000

Date

Daytime Phone #

CR2E034 (12/95)