2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # P15446** Entity Name RESIDENCE INN BY MARRIOTT, INC. 04-18-2000 90265 042 ***150.00 Principal Place of Business Mailing Address 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD **DEPT 924.13** DEPT 924.13 BETHESDA MD 20817 BETHESDA MD 20817-1109 LIŜ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 52-1519646 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 PDD ☐ Change TITLE ☐ Delete TITLE CLIST, TODD NAME STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD X Delete (X) Change Addition TITLE NAME RYAN, JOSEPH M. LESTER PULSE JR NAME STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD City-ST-ZIP CITY-ST-ZIP BETHESDA MD BETHESDA, MD, 20817 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME KIMBALL, KEVIN M NAME STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD CITY-ST-7IP CITY-ST-ZIP BETHESDA MD X1 Change Addition Delete TITLE TITLE WILLIAM DAVID MANN MCGLOCKTON, JOAN RECTOR NAME 10400 FERNWOOD ROAD STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD BETHESDA, MD 20187 CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD X Change ☐ Addition TITLE Delete TITLE MURPHY, RAYMOND G NAME NAME CAROLYN B. HANDLON STREET ADDRESS STREET ADDRESS 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD CITY-ST-ZIP BETHESDA. CITY-ST-ZIP BETHESDA MD MD AS ☐ Delete TITLE Change Addition TITLE BENZ, NANCY L. NAME 10400 FERNWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP BETHESDA MD

FILED

13. I hereby 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