

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P15446

1. Entity Name
RESIDENCE INN BY MARRIOTT, INC.



Principal Place of Business
10400 FERNWOOD ROAD
DEPT 924.13
BETHESDA, MD 20817 US

Mailing Address
10400 FERNWOOD ROAD
DEPT 924.13
BETHESDA, MD 20817 US



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1519646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | MCCARTHY, ROBERT J |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | BETHESDA, MD 20817 |
| TITLE | V |
| NAME | PULSE, M L JR. |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | BETHESDA, MD 20817 |
| TITLE | VD |
| NAME | KIMBALL, KEVIN M |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | BETHESDA, MD |
| TITLE | S |
| NAME | INGALLS, DOROTHY M |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | BETHESDA, MD 20817 |
| TITLE | T |
| NAME | HANDLON, CAROLYN B |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | WARRENTON, VA 20187 |
| TITLE | AS |
| NAME | BENZ, NANCY L. |
| STREET ADDRESS | 10400 FERNWOOD ROAD |
| CITY-ST-ZIP | BETHESDA, MD |

000000135973
04/28/04-80077-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 301-380-8742
Date Daytime Phone #