

**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 # **P25296 (5)**

1. Corporation Name

**MARRIOTT FIBM ONE CORPORATION**



Principal Place of Business

Mailing Address

DEPT. 862  
10400 FERNWOOD ROAD  
BETHESDA MD 20817

10400 FERNWOOD ROAD  
DEPT 72 862  
BETHESDA MD 20817  
US

3. Date Incorporated or Qualified <b>07/25/1989</b>	3a. Date of Last Report <b>03/27/1995</b>
4. FEI Number <b>52-1637152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PARSONS, ROBERT JR. 10400 FERNWOOD RD. BETHESDA MD	1.1 TITLE	V / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VS TOWNSEND, CHRISTOPHER G. 10400 FERNWOOD RD. BETHESDA MD	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Terence C. Golden
STREET ADDRESS		2.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	T PARSONS, ROBERT E. J. 10400 FERNWOOD RD. BETHESDA MD	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Scott A. LaPorta
STREET ADDRESS		3.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	D EINSTEIN, WILLIAM E. 10400 FERNWOOD RD. BETHESDA MD	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS WALLACE, SUSAN E. 10400 FERNWOOD RD. BETHESDA MD	5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Pamela J. Murch
STREET ADDRESS		5.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	VP STEMERMAN, BRUCE F. 10400 FERNWOOD RD. BETHESDA MD	6.1 TITLE	P/D/CAO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Susan E. Wallace*

Susan E. Wallace

4/18/96

(30) 380-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)