

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 07/25/1989	3a. Date of Last Report 03/27/1995
4. FEI Number 52-1637152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	VS TOWNSEND, CHRISTOPHER G. 10400 FERNWOOD RD. BETHESDA MD	1.2 NAME	
STREET ADDRESS	T PARSONS, ROBERT E. J. 10400 FERNWOOD RD. BETHESDA MD	1.3 STREET ADDRESS	V Terence C. Golden 10400 Fernwood Road Bethesda, MD 20817-1109
CITY-ST-ZIP	D EINSTEIN, WILLIAM E. 10400 FERNWOOD RD. BETHESDA MD	1.4 CITY-ST-ZIP	T Scott A. LaPorta 10400 Fernwood Road Bethesda, MD 20817-1109
TITLE	AS WALLACE, SUSAN E. 10400 FERNWOOD RD. BETHESDA MD	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP STEMERMAN, BRUCE F. 10400 FERNWOOD RD. BETHESDA MD	2.2 NAME	V/AS Pamela J. Murch 10400 Fernwood Road Bethesda, MD 20817-1109
STREET ADDRESS		2.3 STREET ADDRESS	P/D/CAO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)