

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P25296 (5)

1. Corporation Name

MARRIOTT FIBM ONE CORPORATION



Principal Place of Business

DEPT. 862
10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD ROAD
DEPT 72862
BETHESDA MD 20817
US

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

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/25/1989

3a. Date of Last Report

03/27/1995

4. FEI Number

52-1637152

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

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

FL

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	PARSONS, ROBERT JR.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
VS	TOWNSEND, CHRISTOPHER G.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
T	PARSONS, ROBERT E. J.	10400 FERNWOOD RD.	BETHESDA MD	<input checked="" type="checkbox"/>
D	EINSTEIN, WILLIAM E.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
AS	WALLACE, SUSAN E.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>
VP	STEMERMAN, BRUCE F.	10400 FERNWOOD RD.	BETHESDA MD	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
V /D				V	Terence C. Golden	10400 Fernwood Road	Bethesda, MD 20817-1109	T	Scott A. LaPorta	10400 Fernwood Road	Bethesda, MD 20817-1109	V/D				V/AS	Pamela J. Murch	10400 Fernwood Road	Bethesda, MD 20817-1109	P/D/CAO			

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)