

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 # P32866 (6)

1. Corporation Name

MARRIOTT SENIOR LIVING INSURANCE SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

10400 FERNWOOD RD..
DEPT 924.13
BETHESDA MD 20817-8109
US

10400 FERNWOOD RD..
DEPT 924.13
BETHESDA MD 20817-8109
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

04/19/1995

4. FEI Number

52-1639729

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

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 PD
NAME JOHNSON, PAUL E. JR.
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD ☐ DELETE

TITLE V
NAME RYAN, JOSEPH
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD ☐ DELETE

TITLE S
NAME MCGLOCKTON, JOAN RECTOR
STREET ADDRESS 10400 FERNWOOD RD.
CITY-ST-ZIP BETHESDA MD ☐ DELETE

TITLE TD
NAME MORROW, TERRENCE P
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD ☐ DELETE

TITLE AS
NAME BENZ, NANCY L.
STREET ADDRESS 10400 FERNWOOD RD.
CITY-ST-ZIP BETHESDA MD ☐ DELETE

TITLE D
NAME SHAW, WILLIAM J.
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001819929
-05/14/96--01022--014

***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Nancy L. Benz

NANCY L. BENZ

APR 24 1996

(301)380-1233

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

5-1796