

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90173 010 ***150.00

DOCUMENT # P32866

1. Corporation Name

MARRIOTT SENIOR LIVING INSURANCE SERVICES, INCORPORATED

Principal Place of Business

10400 FERNWOOD RD.
BETHESDA MD 20817-8109
US

Mailing Address

10400 FERNWOOD RD.
DEPT 9824.13
BETHESDA MD 20817-8109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1991

4. FEI Number

52-1639729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JOHNSON, PAUL E. JR.

STREET ADDRESS 10400 FERNWOOD RD

CITY-ST-ZIP BETHESDA MD

TITLE V ☐ DELETE

NAME RYAN, JOSEPH

STREET ADDRESS 10400 FERNWOOD ROAD

CITY-ST-ZIP BETHESDA MD

TITLE S ☒ DELETE

NAME MCGLOCKTON, JOAN RECTOR

STREET ADDRESS 10400 FERNWOOD RD.

CITY-ST-ZIP BETHESDA MD

TITLE TD ☐ DELETE

NAME MORROW, TERRENCE P

STREET ADDRESS 10400 FERNWOOD RD

CITY-ST-ZIP BETHESDA MD

TITLE AS ☐ DELETE

NAME BENZ, NANCY L.

STREET ADDRESS 10400 FERNWOOD RD.

CITY-ST-ZIP BETHESDA MD

TITLE D ☐ DELETE

NAME SHAW, WILLIAM J.

STREET ADDRESS 10400 FERNWOOD ROAD

CITY-ST-ZIP BETHESDA MD

1.1 TITLE

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

Secretary
W. David Mann
10400 Fernwood Road
Bethesda, MD 20817

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)