

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

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

05-10-1999 90173 030 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001422					
1. Corporation Name MARRIOTT INTERNATIONAL ADMINISTRATIVE SERVICES, INC.					
Principal Place of Business 10400 FERNWOOD ROAD BETHESDA MD 20817			Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA MD 20817		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1996	
21		26		4. FEI Number 52-1953953	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			
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
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☒ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SHAW, WILLIAM J		1.1 TITLE	Director ☐ Change ☒ Addition	
STREET ADDRESS	10400 FERNWOOD ROAD		1.2 NAME	Arne M. Sorenson	
CITY-ST-ZIP	BETHESDA MD 20817		1.3 STREET ADDRESS	10400 Fernwood Road	
			1.4 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	VD	☐ DELETE	2.1 TITLE		
NAME	STEIN, MICHAEL A		2.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary ☐ Change ☒ Addition	
NAME	MCGLOCKTON, JOAN R		3.2 NAME	W. David Mann	
STREET ADDRESS	10400 FERNWOOD ROAD		3.3 STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	BETHESDA MD 20817		3.4 CITY-ST-ZIP	Bethesda, MD 20817	
TITLE	AS	☐ DELETE	4.1 TITLE		
NAME	STANT, JEFF B		4.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		
NAME	BENZ, NANCY L		5.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		
NAME	MURPHY, RAYMOND G		6.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		6.4 CITY-ST-ZIP		

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)