

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 11:59

DOCUMENT # P10935 (5)

1. Corporation Name
MARRIOTT MANAGEMENT SERVICES CORP.

Principal Place of Business Mailing Address
**10400 FERNWOOD RD
DEPT 824.13
BETHESDA MD 20817
US** **10400 FERNWOOD RD
DEPT 824.13
BETHESDA MD 20817
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/28/1986 **05/01/1994**

4. FEI Number Applied For
16-0812861 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

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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

01 Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
02 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
03
SUITE 105
04 City 05 Zip Code
TALLAHASSEE FL 32301

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	P
NAME	O'DELL, CHARLES D.
STREET ADDRESS	10400 FERNWOOD RD
CITY - ST - ZIP	BETHESDA MD
TITLE	VD
NAME	WEST, STEPHEN A
STREET ADDRESS	10400 FERNWOOD RD
CITY - ST - ZIP	BETHESDA MD
TITLE	S
NAME	MCGLOCKTON, JOAN RECTOR
STREET ADDRESS	10400 FERNWOOD RD.
CITY - ST - ZIP	BETHESDA MD
TITLE	T
NAME	MURPHY, RAYMOND G
STREET ADDRESS	10400 FERNWOOD RD
CITY - ST - ZIP	BETHESDA MD
TITLE	VD
NAME	SHAW, WILLIAM J.
STREET ADDRESS	7812 RIVER FALLS DR
CITY - ST - ZIP	POTOMAC MD
TITLE	AS
NAME	BENZ, NANCY L.
STREET ADDRESS	10400 FERNWOOD RD.
CITY - ST - ZIP	BETHESDA MD

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM J. SHAW
2.3 STREET ADDRESS	10400 FERNWOOD ROAD
2.4 CITY - ST - ZIP	BETHESDA, MD 20817
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MICHAEL A. STEIN
5.3 STREET ADDRESS	10400 FERNWOOD ROAD
5.4 CITY - ST - ZIP	BETHESDA, MD 20817
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 Date: 4-12-95 (Name Printed)