

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

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10935 (5)**  
 1. Corporation Name  
**MARRIOTT MANAGEMENT SERVICES CORP.**

Principal Place of Business <b>10400 FERNWOOD RD                  BETHESDA MD 20817                  US</b>	Mailing Address <b>10400 FERNWOOD ROAD                  DEPT. 924.13                  BETHESDA MD 20817</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/28/1986</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>16-0812661</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PRENTICE-HALL CORPORATION SYSTEM, INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City <b>FL</b> 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		DATE	
Signature type of printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P O'DELL, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>10803 CRIPPLEGATE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD SHAW, WILLIAM J.</b>	2.2 NAME	
STREET ADDRESS	<b>21 BRIDLE COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MCGLOCKTON, JOAN R</b>	3.2 NAME	
STREET ADDRESS	<b>1409 SQUAW HILL LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRINGS MD 20906</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MURPHY, RAYMOND G</b>	4.2 NAME	
STREET ADDRESS	<b>14804 CARROLTON ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKVILLE MD 20853</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D STEIN, MICHAEL A</b>	5.2 NAME	
STREET ADDRESS	<b>9812 KENDALE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS BENZ, NANCY L</b>	6.2 NAME	
STREET ADDRESS	<b>9132 WILLOWGATE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	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.

SIGNATURE: *Sandra B. Mortham* **2/2/98**

CR2E034 (10/97)