STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	*2 Name of Corporation*			
130590	MARRIOTT INTERNATIONAL ADMINISTRATIVE SERVICES, INC.			
3 Street Address Principal Business Office		*City*	*State*	*Zip*
10400 FERNWOOD ROAD DPT.924.13		BETHESDA,	MD	20817
4 Business Phone No	*5 State of Incorporation*			*6 SIC Code*
301-380-3000	DELAWARE			

7 Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM ADMINISTRATIVE AND LODGING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
WILLIAM J. SHAW	M. LESTER PULSE JR
Street Address	*Street Address*
10400 FERNWOOD ROAD	SAME
City / *State* / *Zip*	*City* / *State* / *Zip*
BETHESDA, / MD / 20817	
Secretary Name	*Treasurer Name*
DOROTHY M. INGALLS	CAROLYN B. HANDLON
Street Address	*Street Address*
SAME	SAME
City / *State* / *Zip*	*City* / *State* / *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
JOHN JOSEPH RYAN	WILLIAM J. SHAW
Street Address	*Street Address*
SAME	SAME
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
ARENE M. SORENSON	
Street Address	*Street Address*
SAME	
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class Series*	*Par Value*
100 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	C	NPV

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

130590

FILED

File Date MAR 14 2005 +385 7269

Check No. By

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer 3/9/05 *Date*

NANCY L. BENZ
Print or Type Name of Officer

A. SECRETARY
Title of Officer

20. Tax - Annual Report

3810 - Marriott International Administrative Services, Inc.

Business Address: 10400 Fernwood Road
Bethesda MD 20817

Federal ID: 52-1953953
State of Incorporation: Delaware - 12/27/1995

Officers

President	Shaw, William J 21 Bridle Court Potomac MD 20854 226-62-8623
Vice President	Pulse, M. Lester, Jr. 11202 Farmland Drive Rockville MD 20852 262-08-9349
Treasurer	Handlon, Carolyn Burris 1215 Potomac School Road McLean VA 22101 228-96-8363
Director	Ryan, John Joseph 10836 Alloway Drive Potomac MD 20854 539-38-7499
Director	Shaw, William J. 21 Bridle Court Potomac MD 20854 226-62-8623
Director	Sorenson, Arne Morris 5810 Warwick Place Chevy Chase MD 20815 470-68-2682
Secretary	Ingalls, Dorothy M. 11821 Hunting Ridge Court Potomac MD 20854 507-94-5307
Assistant Secretary	Benz, Nancy L. 9132 Willowgate Lane Bethesda MD 20817 577-66-6945
Assistant Secretary	Stant, Jeff B. 717 N. Oakland Street Arlington VA 22203 227-56-4274

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3. Street Address Principal Business Office: 10400 FERNWOOD ROAD DPT. 924.13		City: BETHESDA	State: MD	Zip: 20817
4. Business Phone No.: 301-380-3000	5. State of Incorporation: DELAWARE			6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM ADMINISTRATIVE AND LODGING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
WILLIAM J. MCCARTHY	10400 FERNWOOD ROAD	BETHESDA	MD	20817

Vice President Name	Street Address	City	State	Zip
M. LESTER PULSE JR.	SAME			

Secretary Name	Street Address	City	State	Zip
DOROTHY M. INGALLS	SAME			

Treasurer Name	Street Address	City	State	Zip
CAROLYN B. HANDLON	SAME			

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
JOHN JOSEPH RYAN	SAME			
WILLIAM J. SHAW	SAME			

Director Name	Street Address	City	State	Zip
ARNE M. SORENSON	SAME			

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 1 3 0 5 9 0 *

File Date: FILED

Check No.: FEB 02 2004

By: 1CD 13135008

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy L Benz — 1/30/04
Signature of Officer — *Date*

NANCY L. BENZ
Print or Type Name of Officer

A.S ECRETARY
Title of Officer

20. Tax - Annual Report

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