

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #  
1. Corporation Name

P23645

MARTIN MARIETTA Technical Services, Inc.

Principal Place of Business: 6801 Rockledge Drive Bethesda, MD  
Mailing Address: 6801 Rockledge Drive Bethesda, MD 20817

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	03/03/89		04/29/94
4.	FBI Number		Applied For
	52-1592547		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT Corporation  
1200 S. Pine Island Road  
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	AS
NAME	Camardo, Michael F.	1.2 NAME	Chiet, Arnold
STREET ADDRESS	Route 38	1.3 STREET ADDRESS	6801 Rockledge Drive
CITY-ST-ZIP	Cherry Hill, NJ	1.4 CITY-ST-ZIP	Bethesda, MD
TITLE	VP	2.1 TITLE	AS
NAME	Cook, J.A.	2.2 NAME	Murray, N.J.
STREET ADDRESS	Route 38	2.3 STREET ADDRESS	Route 38
CITY-ST-ZIP	Cherry Hill, NJ	2.4 CITY-ST-ZIP	Cherry Hill, NJ
TITLE	S	3.1 TITLE	AS
NAME	Trippett, Lillian M.	3.2 NAME	Bashaw, J.E.
STREET ADDRESS	6801 Rockledge Drive	3.3 STREET ADDRESS	6801 Rockledge Drive
CITY-ST-ZIP	Bethesda, MD 20817	3.4 CITY-ST-ZIP	Bethesda, MD
TITLE	T	4.1 TITLE	AS
NAME	McGregor, Janet L.	4.2 NAME	Ide, M.B. III
STREET ADDRESS	6801 Rockledge Drive	4.3 STREET ADDRESS	6801 Rockledge Drive
CITY-ST-ZIP	Bethesda, MD	4.4 CITY-ST-ZIP	Bethesda, MD
TITLE	D	5.1 TITLE	
NAME	Writh, T.C.	5.2 NAME	
STREET ADDRESS	6801 Rockledge Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bethesda, MD	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	Bracken, P.A.	6.2 NAME	
STREET ADDRESS	P.O. Box 555837	6.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32855	6.4 CITY-ST-ZIP	

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-04/15/96-01025--043	
***200.00	

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 119.07(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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ A. Chiet, Asst. Sec. 3/23/96 (301)897-6000

CR2E034 (12/95)