

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P32529 (0)**

1. Corporation Name

**MARTIN MARIETTA OVERSEAS CORPORATION**

Principal Place of Business

6801 ROCKLEDGE DR.  
BETHESDA MD 20817

Mailing Address

6801 ROCKLEDGE DR.  
BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/14/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

4. FEI Number  
**52-1360141**

Applied For

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BENSO, WILLIAM E.</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>V</b>
NAME	<b>WEISSMAN, HOWARD O.</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>T</b>
NAME	<b>IDE, MARCUS B</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>S</b>
NAME	<b>TRIPPETT, LILLIAN M</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>AS</b>
NAME	<b>WILLIAMS, MARIANNE S.</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>AS</b>
NAME	<b>CHIET, ARNOLD</b>
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 119.07(3)(k), Florida Statute. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. Chiet**

**Assistant Secretary**

**4/27/95**

Date

**301-897-6000**

Telephone Number

P  
~~CONFIDENTIAL~~  
P32529

**MARTIN MARIETTA OVERSEAS CORPORATION**

**List of Officers and Directors**

<b>Officers</b>	<b>Business Address</b>	<b>Date Term Expires</b>
W. E. Benso President	6801 Rockledge Drive Bethesda, MD 20817	April 1995
H. O. Weissman Executive Vice President	6801 Rockledge Drive Bethesda, MD 20817	April 1995
M. B. Ide, III Treasurer	6801 Rockledge Drive Bethesda, MD 20817	April 1995
L. M. Trippett Secretary	6801 Rockledge Drive Bethesda, MD 20817	April 1995
A. Chiet Assistant Secretary	6801 Rockledge Drive Bethesda, MD 20817	April 1995
M. S. Williams Assistant Secretary	6801 Rockledge Drive Bethesda, MD 20817	April 1995
W. H. Shaner Assistant Treasurer	6801 Rockledge Drive Bethesda, MD 20817	April 1995
P. I. Jeranko Controller	6801 Rockledge Drive Bethesda, MD 20817	April 1995
<b>Directors</b>		
M. A. Smith Chairman	6801 Rockledge Drive Bethesda, MD 20817	April 1995
J. E. Drumgool	6801 Rockledge Drive Bethesda, MD 20817	April 1995
J. H. Croom	6801 Rockledge Drive Bethesda, MD 20817	April 1995
D. Buchanan	6801 Rockledge Drive Bethesda, MD 20817	April 1995
W. B. Lytton	6801 Rockledge Drive Bethesda, MD 20817	April 1995