

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

Tom

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32529 (0)**

1. Corporation Name

MARTIN MARIETTA OVERSEAS CORPORATION



Principal Place of Business

Mailing Address

6801 ROCKLEDGE DR.
BETHESDA MD 20817

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BETHESDA MD 20817

3. Date Incorporated or Qualified 01/14/1991	3a. Date of Last Report 05/01/1995
4. FET Number 52-1360141	Applied For 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 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0102 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, 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; that the officer or director named on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Chiet
Asst. Secretary 3/29/96 301-897-6000

CR2E034 (12/95)