

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90096 009 \*\*\*150.00

DOCUMENT # **P32529**

1. Entity Name  
**MARTIN MARIETTA OVERSEAS CORPORATION**

Principal Place of Business

Mailing Address

**ROCKLEDGE DR.  
 BETHESDA MD 20817**

**680 AMERICAN AVENUE  
 ACCOUNTING SVCS-2ND FLR.  
 KING OF PRUSSIA PA 19406**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Same as above**

**PO Box 8048, Bldg 100**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Room 04215- m/5 24**

City & State

City & State

**Philadelphia, PA**

4. FEI Number

**52-1360141**

Applied For

Not Applicable

Zip

Country

Zip

Country

**19101-8048 Philadelphia**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, JAMES R</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>GC</b>	<input type="checkbox"/> Delete
NAME	<b>WEISSMAN, HOWARD O.</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KALLMAN, TODD J</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, MARIANNE S</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>TC</b>	<input type="checkbox"/> Delete
NAME	<b>RIGHTNOUR, DONALD</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>IDE, MARCUS B</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DR.</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edgar G. Bowers</b>	
STREET ADDRESS	<b>6881 Rockledge DR</b>	
CITY-ST-ZIP	<b>Bethesda, MD 20817</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald P. Martin* **Donald P. Martin** 2-28-00 610-354-1254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

032529

Lockheed Martin  
Post Office Box 8048, Building 28 Philadelphia, PA 19101

Attachment  
150035042



Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Re: Martin Marietta Overseas Corporation  
Document # P32529  
FEI # 52-1360141

Dear Gentlemen,

Enclosed you will find the 2000 Uniform Business Report for the year 2000 and a check # 1001255, for one hundred fifty dollars (\$150.00), as payment in full.

We have moved to a new building, please change our mailing address as shown below:

Martin Marietta Overseas Corporation  
C/O Lockheed Martin Corporation  
P O Box 8048, Bldg 100  
Room U4215, M/S 24  
Philadelphia, PA 19101-8048

If you need any further information, please contact me at (610) 354-1254.

Sincerely,

Donald P. Martin  
Tax Director