


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 046 ***150.00

DOCUMENT # P32529
1. Entity Name
Martin Marietta Overseas Corp



DO NOT WRITE IN THIS SPACE

24068355

2. Principal Place of Business
6801 Rockledge DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 8048,
Suite, Apt. #, etc.
Bldg 100, Rm U4228

City & State
Bethesda, MD

City & State
Philadelphia, PA

Zip
20817

Country

Zip
19106-8048

Country

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
52-1360141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Nelson, James R
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	GC
NAME	Weissman, Howard
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	D
NAME	Buchanan, David
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AS
NAME	Bennett, Dana L
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	TC
NAME	Rightmour, Donald
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AD
NAME	IDE, Marcus B
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Donald P Martin **Donald P Martin, Tex Director** 6/2/04 610-354-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)