

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002539

**Entity Name:** M&M/MARS INCORPORATED**Current Principal Place of Business:**6885 ELM STREET  
MCLEAN, VA 22101**Current Mailing Address:**6885 ELM STREET  
MCLEAN, VA 22101 US**FEI Number:** 22-1594774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name STRAUB, STEFANIE  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title CFO  
Name AAGAARD, CLAUS  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name WHITE, PHILIP M.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name AIRTH, ALAN F.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name BADGER, STEPHEN M. II  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, FRANK E.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, MARIJKE E.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, MICHAEL J.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH SAVARD**ASSISTANT SECRETARY** 03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           AAGAARD, CLAUS  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT SECRETARY  
Name           SAVARD, ELIZABETH  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT TREASURER  
Name           KIM, PETER  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT TREASURER  
Name           SANTOS, ANNETTE M.  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT SECRETARY  
Name           SEKA, PETER M.  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           SECRETARY  
Name           STRAUB, STEFANIE  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           PRESIDENT  
Name           WEIHRAUCH, POUL  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           VP  
Name           AAGAARD, CLAUS  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT TREASURER  
Name           GEDELLER, ANTHONY R.  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSISTANT SECRETARY  
Name           SANDBERG, VICKI L.  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           ASSOCIATE GENERAL COUNSEL,  
CORPORATE  
Name           SAVARD, ELIZABETH  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           GENERAL COUNSEL  
Name           SEKA, PETER M.  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title           GENERAL COUNSEL  
Name           STRAUB, STEFANIE  
Address       6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101