

**2016 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            PRESIDENT  
Name           MICHAELS, PAUL S.  
Address        6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

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

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

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

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

Title            DIRECTOR  
Name           MARS, JACQUELINE B.  
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 WRIGHT, PAMELA D.  
Address        6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

*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:** KHALED M. RABBANI**ASSISTANT SECRETARY    04/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date