

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

P23645

MARTIN MARIETTA Technical Services, Inc.

Principal Place of Business: 6801 Rockledge Drive Bethesda, MD
Mailing Address: 6801 Rockledge Drive Bethesda, MD 20817

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/03/89	04/29/94
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT Corporation
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC	<input type="checkbox"/> DELETE	1.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Camardo, Michael F.		1.2 NAME: Chiet, Arnold	
STREET ADDRESS: Route 38		1.3 STREET ADDRESS: 6801 Rockledge Drive	
CITY-ST-ZIP: Cherry Hill, NJ		1.4 CITY-ST-ZIP: Bethesda, MD	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Cook, J.A.		2.2 NAME: Murray, N.J.	
STREET ADDRESS: Route 38		2.3 STREET ADDRESS: Route 38	
CITY-ST-ZIP: Cherry Hill, NJ		2.4 CITY-ST-ZIP: Cherry Hill, NJ	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Trippett, Lillian M.		3.2 NAME: Bashaw, J.E.	
STREET ADDRESS: 6801 Rockledge Drive		3.3 STREET ADDRESS: 6801 Rockledge Drive	
CITY-ST-ZIP: Bethesda, MD - 20817		3.4 CITY-ST-ZIP: Bethesda, MD	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: McGregor, Janet L.		4.2 NAME: Ide, M.B. III	
STREET ADDRESS: 6801 Rockledge Drive		4.3 STREET ADDRESS: 6801 Rockledge Drive	
CITY-ST-ZIP: Bethesda, MD		4.4 CITY-ST-ZIP: Bethesda, MD	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Writh, T.C.		5.2 NAME:	
STREET ADDRESS: 6801 Rockledge Drive		5.3 STREET ADDRESS:	
CITY-ST-ZIP: Bethesda, MD		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Bracken, P.A.		6.2 NAME:	
STREET ADDRESS: P.O. Box 555837		6.3 STREET ADDRESS:	
CITY-ST-ZIP: Orlando, FL 32855		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ A. Chiet, Asst. Sec. 3/23/96 (301)897-6000

CR2E034 (12/95)

Handwritten initials and date: 4-14-96