

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26898** (7)
1. Corporation Name
MARTIN MARIETTA MAGNESIA SPECIALTIES INC.



Principal Place of Business 2710 WYCLIFF ROAD RALEIGH NC 27607 US	Mailing Address 2710 WYCLIFF ROAD RALEIGH NC 27607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1989	3a. Date of Last Report 11/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1603828	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZELNAK, JR., STEPHEN P.		1.2 NAME	Philip J. Sipling			
STREET ADDRESS	2710 WYCLIFF RD		1.3 STREET ADDRESS	2710 Wycliff Road			
CITY-ST-ZIP	RALEIGH NC 27607		1.4 CITY-ST-ZIP	Raleigh, NC 27607			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIPLING, PHILIP J		2.2 NAME	David Locker			
STREET ADDRESS	2710 WYCLIFF RD		2.3 STREET ADDRESS	2710 Wycliff Road			
CITY-ST-ZIP	RALEIGH NC 27607		2.4 CITY-ST-ZIP	Raleigh, NC 27607			
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAILLARD, PETER S		3.2 NAME	Betty A. Shaw			
STREET ADDRESS	2323 EASTERN BLVD		3.3 STREET ADDRESS	2710 Wycliff Road			
CITY-ST-ZIP	BALTIMORE MD 21220		3.4 CITY-ST-ZIP	Raleigh, NC 27607			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHEPARD, DANIELH G		4.2 NAME	Ann M. Connick			
STREET ADDRESS	2710 WYCLIFF RD		4.3 STREET ADDRESS	2710 Wycliff Road			
CITY-ST-ZIP	RALEIGH NC 27607		4.4 CITY-ST-ZIP	Raleigh, NC 27607			
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAR, ROSELYN R		5.2 NAME	Stephen P. Zelnak, Jr.			
STREET ADDRESS	2710 WYCLIFF RD		5.3 STREET ADDRESS	2710 Wycliff Road			
CITY-ST-ZIP	RALEIGH NC 27607		5.4 CITY-ST-ZIP	Raleigh, NC 27607			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIET, ARNOLD		6.2 NAME				
STREET ADDRESS	6801 ROCKLEDGE DR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	BETHESDA MD 20817		6.4 CITY-ST-ZIP				

14. I do 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 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 on an attachment with an address.

SIGNATURE _____ Ann M. Connick 7/31/97 919-783-4675

CR2E034 (4/97)