

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90285 016 \*\*\*150.00

**DOCUMENT # P32529**

1. Entity Name

**MARTIN MARIETTA OVERSEAS CORPORATION**

Principal Place of Business

**6801 ROCKLEDGE DR.  
BETHESDA MD 20817**

Mailing Address

**P O BOX 8048, BLDG 100  
ROOM 04215-0424-44215  
PHILADELPHIA PA 19101-8048**

**80037684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Same as above*

3. Mailing Address

*See above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1360141**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD NELSON, JAMES R	6801 ROCKLEDGE DR.	BETHESDA MD 20817				
	GC WEISSMAN, HOWARD O.	6801 ROCKLEDGE DR.	BETHESDA MD 20817				
	D BOWERS, EDGAR G	6801 ROCKLEDGE DR.	BETHESDA MD 20817				
	S WILLIAMS, MARIANNE S	6801 ROCKLEDGE DR.	BETHESDA MD 20817				
	TC RIGHTNOUR, DONALD	6801 ROCKLEDGE DR.	BETHESDA MD 20817				
	AT IDE, MARCUS B	6801 ROCKLEDGE DR.	BETHESDA MD 20817				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald P. Martin*

*Donald P. Martin Tax Director*

*4-18-01*

*610-354-1254*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)