

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

80037684



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6801 ROCKLEDGE DR. BETHESDA MD 20817	Mailing Address P O BOX 8048 . BLDG 100 ROOM 04215 44215 PHILADELPHIA PA 19101-8048
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2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>See above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 52-1360141	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)