

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 046 ***150.00

DOCUMENT # **P32529**

1. Entity Name

Martin Marietta Overseas Corp



DO NOT WRITE IN THIS SPACE

24068355

2. Principal Place of Business

6801 Rockledge DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8048,

Suite, Apt. #, etc.

Bldg 100, Rm U4228

City & State

Bethesda, MD

City & State

Philadelphia, PA

4. FEI Number

52-1360141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Nelson, James R
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	GC
NAME	Weissman, Howard
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	D
NAME	Buchanan, David
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AS
NAME	Bennett, Dana L
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	TC
NAME	Rightnour, Donald
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AD
NAME	IDE, Marcus B
STREET ADDRESS	6801 Rockledge DR
CITY-ST-ZIP	Bethesda, MD 20817

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Donald P. Martin

Donald P Martin, Tex Director

610-354-1254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)