

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002539

**Entity Name:** M&M/MARS INCORPORATED

**Current Principal Place of Business:**

6885 ELM STREET  
MCLEAN, VA 22101

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC3497124707**

**Current Mailing Address:**

6885 ELM STREET  
MCLEAN, VA 22101 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AIRTH, ALAN F.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name BADGER, STEPHEN M. II  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, FRANK E.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, MARIJKE E.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title PRESIDENT  
Name REID, GRANT F.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, MICHAEL J.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title DIRECTOR  
Name MARS, VICTORIA B.  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

Title TREASURER  
Name AAGAARD, CLAUS  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH SAVARD

**ASSISTANT SECRETARY** 04/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name SAVARD, ELIZABETH  
Address 6885 ELM STREET  
City-State-Zip: MCLEAN VA 22101