2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #849214** Feb 08, 2000 8:00 am **Secretary of State** LOCKHEED MARTIN IMS CORPORATION 02-08-2000 90037 007 ***150.00 Mailing Address Principal Place of Business GLENPOINT CENTRE EAST **GLENPOINT CENTRE EAST** 300 FRANK W. BURR BLVD 300 FRANK W. BURR BLVD TEANECK NJ 07666-6703 TEANECK NJ 07666 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-1996647 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITL F **BROPHY, JOHN** NAME STREET ADDRESS STREET ADDRESS 1200 K ST NW CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC ☐ Change ☐ Addition TITLE ☐ Delete NAME MACLAUCHLAN, JEFFERY NAME STREET ADDRESS 6801 ROCKLEDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD ☐ Change ☐ Addition Delete TITLE TITI F MCCAREY, JOHN J. NAME NAME STREET ADDRESS 300 FRANK W BURR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEANECK NJ Change ☐ Addition ☐ Delete TITLE TITLE O'NEIL, THOMAS J. NAME NAME STREET ADDRESS STREET ADDRESS 270 CONGRESS ST CITY-ST-ZIP CITY-ST-7IP **BOSTON MA** ☐ Change ☐ Addition ٧S ... Delete TITLE TITLE DOWNING, ROBERT F NAME NAME STREET ADDRESS STREET ADDRESS 300 FRANK W BURR BLVD CITY-ST-ZIP CITY-ST-ZIP TEANECK NJ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this films 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 of 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 within address, with all other like empowered.

-(Robert F. Downing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

201-996-7000

Daytime Phone #