FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857307** **(3)**

1. Corporation Name
LOCKHEED MARTIN LOGISTICS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1600 E. PIONEER PARKWAY ARLINGTON TX 76010	1600 E. PIONEER PARKWAY ARLINGTON TX 76010-6541

3. Date Incorporated or Qualified: 08/04/1983
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 95-3487248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOKEURD, R E		1.2 NAME		
STREET ADDRESS	4603 O'CONNOR CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KREGER, S W		2.2 NAME		
STREET ADDRESS	2428 ST GREGORY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VICK, J H		3.2 NAME		
STREET ADDRESS	6207 TIFFANY OAKS		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RULON, R E		4.2 NAME		
STREET ADDRESS	1285 NORTH DUMAINE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANUEL, J F		5.2 NAME		
STREET ADDRESS	1429 NORTH FOREST KNOLL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		5.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCELVEEN, C.		6.2 NAME		
STREET ADDRESS	4600 WILLOW WIND COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/3/97