


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000428 1. Entity Name LOCKHEED MARTIN INFORMATION TECHNOLOGY COMMERCIAL CORP.	
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Principal Place of Business
6801 ROCKLEDGE DRIVE
BETHESDA, MD 20717

Mailing Address
6801 ROCKLEDGE DRIVE
BETHESDA, MD 20717



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2121799	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODEN, LINDA R 7375 EXECUTIVE PLACE, SUITE 301 SEABROOK, MD 20706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMARDO, MICHAEL F 2339 ROUTE 70 WEST CHERRY HILL, NJ 080023315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIGNAM, MICHAEL A 7375 EXECUTIVE PLACE, SUITE 301 SEABROOK, MD 20706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MURRAY, NEAL J 2339 ROUTE 70 WEST CHERRY HILL, NJ 080023315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAN SCHAICK, ANTHONY G 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BARRETT, KAREN J 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817

000000225180
02/11/05-80031-001 150.00

**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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE L. GARWOOD

Date

Daytime Phone #

1/20/05 (5856) 486-5013