

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002746

1. Corporation Name
LOCKHEED MARTIN CORPORATION

Principal Place of Business Mailing Address
6801 ROCKLEDGE DR. BETHESDA MD 20817

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
	30

9. Name and Address of Current Registered Agent

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

81 Name	85 Zip Code
Corporation Service Company	FL 32301
82 Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
83	
84 City	
Tallahassee	

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 *Maureen Cullen*
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when re-appointing)

DATE **4-10-99**

12. OFFICERS AND DIRECTORS		
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	AUGUSTINE, NORMAN R	
STREET ADDRESS	6801 ROCKLEDGE DR.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	BENNETT, MARCUS C	
STREET ADDRESS	6801 ROCKLEDGE DR.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHENEY, LYNN V	
STREET ADDRESS	1150 17TH ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHIET, ARNOLD	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, DEAN O	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURTT, CALEB	
STREET ADDRESS	272 W. MEADOW DR.	
CITY-ST-ZIP	VAIL CO 81657	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	AS	
53 STREET ADDRESS	Bashaw, Jennifer	
54 CITY-ST-ZIP	6801 Rockledge Drive	
55 CITY-ST-ZIP	Bethesda, MD 20817	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 ****150.00 ****150.00

Maureen Cullen

14. 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 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, with all other like empowered

SIGNATURE: *A. Chiet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **A. Chiet, Assistant Secretary**

4/2/99

301-897-6000

0006609

CR2E034 (11/98)

APR 14 1999
 99 APR 14 PM 4:30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1995**

4. FEI Number **52-1893632** 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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent