## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 03, 2005 8:00 am Secretary of State 05-03-2005 90131 050 \*\*\*150 00 DOCUMENT # F95000002746 1. Entity Name LOCKHEED MARTIN CORPORATION 19CCTne+ Principal Place of Business Mailing Address 6801 ROCKLEDGE DR. 6801 ROCKLEDGE DR. BETHESDA, MD 20817 US BETHESDA, MD 20817 US 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-1893632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE NAME ALDRIDGE, E C JR 6801 ROCKLEDGE DR. STREET ADDRESS BETHESDA, MD 20817 CITY-ST-ZIP TITLE ARCHIBALD, NOLAN D NAME 6801 ROCKLEDGE DR. STREET ADDRESS CITY-ST-ZIP BETHESDA, MD 20817 TITLE AUGUSTINE, NORMAN R NAME 6801 ROCKLEDGE DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BETHESDA, MD 20817 IN THIS SPACE TITLE NAME BENNETT, MARCUS C 6801 ROCKLEDGE DRIVE STREET ADDRESS BETHESDA, MD 20817 CITY-ST-ZIP TITLE NAME COFFMAN, VANCE D 6801 ROCKLEDGE DRIVE STREET ADDRESS BETHESDA, MD 20817 CITY-ST-ZIP TITLE KEMMER, FREDERICK O NAME

12. 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 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.

STREET ADDRESS CITY-ST-ZIP

6801 ROCKLEDGE DRIVE

BETHESDA, MD 20817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.O. Kemmer

Daytime Phone #

**FILED**