

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004009

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** LOCKHEED MARTIN FEDERAL HEALTHCARE, INC.

**Current Principal Place of Business:**

5201 LEESBURG PIKE  
FALLS CHURCH, VA 22041 US

**New Principal Place of Business:**

5201 LEESBURG PIKE  
STE 600, THREE SKYLINE PLACE  
FALLS CHURCH, VA 22041 US

**Current Mailing Address:**

PO BOX 8048, BLDG 100, RM U4632  
PHILADELPHIA, PA 19101 US

**New Mailing Address:**

PO BOX 61511, BLDG 100, RM U4632  
KING OF PRUSSIA, PA 19406 US

FEI Number: 52-1069745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: GOODEN, LINDA R  
Address: 700 N FREDERICK AVE  
City-St-Zip: GAITHERSBURG, MD 20879

Title: VP/T  
Name: POSSENRIEDE, KENNETH R  
Address: 6801 ROCKLEDGE DR  
City-St-Zip: BETHESDA, MD 20817

Title: ASEC  
Name: MARTIN, DONALD P  
Address: 230 MALL BLVD  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VS/D  
Name: MACKAY, SCOTT W  
Address: 700 N FREDERICK AVE  
City-St-Zip: GAITHERSBURG, MD 20879

Title: VP/D  
Name: STANISLAV, MARTIN T  
Address: 700 N FREDERICK AVE  
City-St-Zip: GAITHERSBURG, MD 20879

Title: VP/D  
Name: WELLER, CRAIG E  
Address: 700 N FREDERICK AVE  
City-St-Zip: GAITHERSBURG, MD 20879

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD P MARTIN

ASEC

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date