

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11751
1 Corporation Name
Martin Marietta Information Technology, Inc.

2. Principal Office Address - No P.O. Box # 6801 Rockledge Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 6801 Rockledge Drive <small>Suite, Apt. #, etc.</small>	
City & State Bethesda, MD		City & State Bethesda, MD	
Zip 20817	Country USA	Zip 20817	Country USA

CR2E081 (11/10)

4. Date incorporated or Qualified To Do Business in Florida **10/10/1986**

5. FEI Number **22-2112298** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **700254110037** \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee State **FL** Zip Code **32301**

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L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Sue G. Knight* **Sue G. Knight** Assistant Vice President Date **11-21-13**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Renata J. Baker	6801 Rockledge Drive	Bethesda, MD 20817
VP/S/D	Marian S. Block	6801 Rockledge Drive	Bethesda, MD 20817
AS	Kathy L. Allen	6801 Rockledge Drive	Bethesda, MD 20817
T	Kenneth R. Possenriede	6801 Rockledge Drive	Bethesda, MD 20817
REINSTATEMENT			87-2013

10. E-mail Address: **kathy.l.allen@lmco.com** (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.

SIGNATURE: *Kathy L. Allen* **Kathy L. Allen** Date **11/20/13**