


**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

FILED  
APR 30 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P25046**  
1. Corporation Name  
**LOCKHEED MARTIN ENGINEERING & SCIENCES COMPANY**



Principal Place of Business: **2339 ROUTE 70 WEST CHERRY HILL NJ 08358**  
Mailing Address: **2339 ROUTE 70 WEST THE RIVERVIEW CORPORATE CENTER CHERRY HILL NJ 08358**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1989**  
4. FEI Number: **95-3424436**  
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

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: **CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301**

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: *Laura E. Duff* DATE: **4-30-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D NAME: MICHAEL F CAMARDO STREET ADDRESS: 2339 ROUTE 70 WEST CITY-ST-ZIP: CHERRY HILL NJ 08358	<input type="checkbox"/> DELETE	11 TITLE: PRESIDENT/DIRECTOR 12 NAME: JAY F HONEYCUTT 13 STREET ADDRESS: 14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: K. ASBURY STREET ADDRESS: 2625 BAY AREA BLVD. CITY-ST-ZIP: HOUSTON TX 77058	<input type="checkbox"/> DELETE	21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: R.S. SADE STREET ADDRESS: 7500 GREENWAY CTR DR STE 1620 CITY-ST-ZIP: GREENBELT MD 20770	<input type="checkbox"/> DELETE	31 TITLE: TREASURER 32 NAME: WALTER E SKOWLOWSKI 33 STREET ADDRESS: 6801 ROCKLEDGE DR 34 CITY-ST-ZIP: BETHESDA, MD 20817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: J.C. DICKEY STREET ADDRESS: 2625 BAY AREA BLVD. CITY-ST-ZIP: HOUSTON TX 77058	<input type="checkbox"/> DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: JENNIFER BASHAW STREET ADDRESS: 6801 ROCKLEDGE DR CITY-ST-ZIP: BETHESDA MD 20817	<input type="checkbox"/> DELETE	51 TITLE: ASST. SECRETARY 52 NAME: GEORGE L. GARRWOOD 53 STREET ADDRESS: 2339 ROUTE 70 WEST 54 CITY-ST-ZIP: CHERRY HILL NJ 08358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: NEAL J MURRY STREET ADDRESS: 2339 ROUTE 70 WEST CITY-ST-ZIP: CHERRY HILL NJ 08358	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: NEAL J MURRAY 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *L. Gorman* ASSISTANT SECRETARY DATE: **4/29/99** DAYTIME PHONE #: **609 486 5667**