

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857307

Entity Name: LOCKHEED MARTIN LOGISTICS MANAGEMENT, INC.**Current Principal Place of Business:**244 TERMINAL RD
GREENVILLE, SC 29605**Current Mailing Address:**PO BOX 61511
BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406 US**FEI Number:** 95-3487248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

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

Title ASST. TREASURER
Name WHITNEY, RENA H
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST SECRETARY
Name MARTIN, DONALD P
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP/D
Name MAZUR, KIM M
Address 244 TERMINAL RD
City-State-Zip: GREENVILLE SC 29605

Title P/D
Name BURICK, RAYMOND A
Address 86 S COBB DR
City-State-Zip: MARIETTA GA 30063

Title DIRECTOR
Name ERICKSON, DONALD E
Address 244 TERMINAL RD
City-State-Zip: GREENVILLE SC 29605

Title VP/D
Name FELIX, MICHAEL P
Address 244 TERMINAL RD
City-State-Zip: GREENVILLE SC 29605

Title S/D
Name PEZZIMENTI, ROBERT F
Address 86 S COBB DR
City-State-Zip: MARIETTA GA 30063

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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

ASST SECRETARY

01/16/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST SECRETARY
Name ALLEN, KATHY L
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST SECRETARY
Name CORDERO, MARITZA
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST SECRETARY
Name COLE, GLENN E
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST SECRETARY
Name HEYWOOD, DAVID A
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817