

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2013
Secretary of State
CC9539216104

Entity Name: LOCKHEED MARTIN FEDERAL HEALTHCARE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 52-1069745

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	P/D
Name	GOODEN, LINDA R
Address	700 N FREDERICK AVE
City-State-Zip:	GAITHERSBURG MD 20879
Title	ASEC
Name	MARTIN, DONALD P
Address	230 MALL BLVD
City-State-Zip:	KING OF PRUSSIA PA 19406
Title	VP/D
Name	STANISLAV, MARTIN T
Address	700 N FREDERICK AVE
City-State-Zip:	GAITHERSBURG MD 20879

Title	VP/T
Name	POSSENRIEDE, KENNETH R
Address	6801 ROCKLEDGE DR
City-State-Zip:	BETHESDA MD 20817
Title	VP/S/D
Name	MACKAY, SCOTT W
Address	700 N FREDERICK AVE
City-State-Zip:	GAITHERSBURG MD 20879
Title	VP/D
Name	LEWIS, PATRICIA L
Address	700 N FREDERICK AVE
City-State-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

ASSISTANT SECRETARY 04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date