

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 16, 2014
Secretary of State
CC5273791375

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

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

Title VP/D
Name STANISLAV, MARTIN T
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

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

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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 EMENS, CHRISTINA
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title ASST SECRETARY
Name COLE, GLENN E
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 LOSCALZO, BARBARA
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

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