

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004009

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC0270805245**

**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            PRESIDENT, DIRECTOR  
Name            BARBOUR, SONDRAL  
Address        700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

Title            VP, TREASURER  
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, SECRETARY, DIRECTOR  
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**

**ASSISTANT SECRETARY    01/27/2015**

\_\_\_\_\_  
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