

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
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DOCUMENT # 821251

1. Corporation Name

LOCKHEED MARTIN INTERNATIONAL SERVICE CORP.

Principal Place of Business

Mailing Address

2339 ROUTE 70 WEST
CHERRY HILL NJ 08358
US

2339 ROUTE 70 WEST
CHERRY HILL NJ 08358
US

FILED

99 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1968

4. FEI Number

21-0697266

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

84 City

TALLAHASSEE FL

85 Zip Code
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 P. Dwyer

(NOTE: Registered Agent signature required when re-appointing)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARWOOD, G. L.	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BASHAW, JENNIFER	
STREET ADDRESS	6801 ROCKLEDGE DR.	
CITY-ST-ZIP	BETHESDA MD 20817	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RENATA, J. BAKER
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMARDO, M. F.	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DISKEN, K. J.	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEPHEN W. BRINCH
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCGREGOR, JANET L	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETER C. REYNOLDS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TREASURER
6.3 STREET ADDRESS	WAITER E SKOWRONSKI
6.4 CITY-ST-ZIP	6801 ROCKLEDGE DR BETHESDA MD 20817

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT SECRETARY

Date

Daytime Phone #

4/29/99 609486567