

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 853631 (0)

1. Corporation Name
LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.

Principal Place of Business 2339 ROUTE 70 WEST CHERRY HILL NJ 08358 US	Mailing Address 2339 ROUTE 70 WEST CHERRY HILL NJ 08358 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 08/02/1982	
4. FEI Number 22-2397317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MASI, RICHARD J.	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SKOWRONSKI, WALTER E	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARWOOD, G.L.	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAJKA, PAUL A.	
STREET ADDRESS	2339 ROUTE TO WEST	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRIPPETT, LILLIAN M.	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BASHAW, JENNIFER	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *[Signature]* ASSISTANT SECRETARY *[Signature]* 4/23/98 486 5667

CP2E034 (10/97)

Lockheed Martin Integrated Systems, Inc. - F.E.I. Number 22-2397317
(formerly RCA Base Support Services, Inc.)

LISTING OF CURRENT OFFICERS & DIRECTORS - December 31, 1996

LIST PRINTED: 20-Jan-98

Officers

NAME: -----	TITLE: -----	BUSINESS ADDRESS: -----
Richard J. Masi	President (CEO)	6801 Rockledge Drive Bethesda, MD 20817
Paul A. Majka	V.P. & Asst. Treasurer	8000 Corporate Dr., Suite 140 Landover, MD 20785
Walter E. Skowronski	Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Lillian M. Trippett	Secretary	6801 Rockledge Drive Bethesda, MD 20817
Jennifer Bashaw	Asst. Secretary	6801 Rockledge Drive Bethesda, MD 20817
Arnold Chiet	Asst. Secretary	6801 Rockledge Drive Bethesda, MD 20817
George L. Garwood	Asst. Secretary	2339 Route 70 West Cherry Hill, N.J. 08358
Neal J. Murray	Asst. Secretary	2339 Route 70 West Cherry Hill, N.J. 08358
Marcus B. Ide, III	Asst. Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Peter C. Reynolds	Asst. Treasurer	6801 Rockledge Drive Bethesda, MD 20817