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

FILED
99 APR 30 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853631**

1. Corporation Name
LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/02/1982

4. FEI Number: 22-2397317 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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: 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 A. Nunez — 4-30-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MASI, RICHARD J.		1.2 NAME		
STREET ADDRESS	6801 ROCKLEDGE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKOWRONSKI, WALTER E		2.2 NAME		
STREET ADDRESS	6801 ROCKLEDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARWOOD, G.L.		3.2 NAME		
STREET ADDRESS	2339 ROUTE 70 WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHERRY HILL NJ		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAJKA, PAUL A.		4.2 NAME		
STREET ADDRESS	2339 ROUTE TO WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHERRY HILL NJ		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	TRIPPETT, LILLIAN M.		5.2 NAME	NEAL J. MOREAT	
STREET ADDRESS	6801 ROCKLEDGE DR		5.3 STREET ADDRESS	2339 ROUTE TO WEST	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-ST-ZIP	CHERRY HILL NJ 08358	
TITLE	AS	☐ DELETE	6.1 TITLE	ASST SEC'Y	☒ Change ☐ Addition
NAME	BASHAW, JENNIFER		6.2 NAME	RENATA J. BAKER	
STREET ADDRESS	6801 ROCKLEDGE DR		6.3 STREET ADDRESS	6801 ROCKLEDGE DR	
CITY-ST-ZIP	BETHESDA MD		6.4 CITY-ST-ZIP	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] — ASSISTANT SECRETARY — 4/29/99 — 609 486 5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #