

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 853631**

1. Entity Name  
**LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.**



Principal Place of Business  
**2339 ROUTE 70 WEST  
CHERRY HILL, NJ 08002 US**

Mailing Address  
**2339 ROUTE 70 WEST  
CHERRY HILL, NJ 08002 US**



01122004 - No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-2397317**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MASI, RICHARD J.  
9777 S YOSAMITE STREET STE 140  
LITTLETON, CO 80124**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
VAN SCHAICK, ANTHONY G  
6801 ROCKLEDGE DR  
BETHESDA, MD 20817**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
GARWOOD, G.L.  
2339 ROUTE 70 WEST  
CHERRY HILL, NJ 080023315**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LUCZAK, ROBERT S  
2339 ROUTE TO WEST  
CHERRY HILL, NJ 080023315**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MURRAY, NEAL J  
2339 ROUTE 70 WEST  
CHERRY HILL, NJ 080023315**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
BENNETT, DANA L  
6801 ROCKLEDGE DR  
BETHESDA, MD 20817**

000000009867  
01/22/04-80008-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

**GEORGE L. GARWOOD**

**1/11/04**  
Date

**856-486-543**  
Daytime Phone #