## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 853631** 

Entity Name: LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	E 70 WEST ILL, NJ 08002	US	2349 ROUTE 70 CHERRY HILL, I	
Current Mailing Address:			New Mailing Address:	
	E 70 WEST ILL, NJ 08002	US	P.O. BOX 8048 E PHILADELPHIA,	BLDG 100 RMU4632 PA 19101 US
FEI Number:	22-2397317	FEI Number Applied For ( ) FEI Num	nber Not Applicable	( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET 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.				
SIGNATUR		Signature of Registered Agent		Date
Election Cam	,	2)(b), F.S., the corporation did not receive to the firust Fund Contribution ( ).  DRS:	•	ANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () D GOODEN, LINDA 700 N EREDERIC		Title: Name:	( ) Change ( ) Addition
	GAITHERSBURG,	K AVE BLDG 181 MD 20879	Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:		MD 20879 elete IE E DR	Address: City-St-Zip:  Title: T Name: MCC Address: 6801	(X) Change()Addition ARTHY, JOHN C ROCKLEDGE DR HESDA, MD 20817
Name: Address:	GAITHERSBURG, AT () D MEARKLE, CONN 6801 ROCKLEDG	MD 20879 elete IE E DR 20817 elete RGE L VEST	Address: City-St-Zip:  Title: T Name: MCC Address: 6801 City-St-Zip: BETH Title: AS Name: COLI Address: 6801	ARTHY, JOHN C ROCKLEDGE DR
Name: Address: City-St-Zip: Title: Name: Address:	GAITHERSBURG, AT () D MEARKLE, CONN 6801 ROCKLEDG BETHESDA, MD: AS () D GARWOOD, GEO 2339 ROUTE 70 N	MD 20879 elete IE E DR 20817 elete RGE L VEST J 080023315 elete JEFFREY D K AVE	Address: City-St-Zip:  Title: T Name: MCC Address: 6801 City-St-Zip: BETH Title: AS Name: COLI Address: 6801	ARTHY, JOHN C ROCKLEDGE DR HESDA, MD 20817  (X) Change ( ) Addition E, GLENN E ROCKLEDGE DRIVE
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GAITHERSBURG, AT () D MEARKLE, CONN 6801 ROCKLEDG BETHESDA, MD: AS () D GARWOOD, GEO 2339 ROUTE 70 N CHERRY HILL, N. VP () D MACLAUCHLAN, X 700 N FREDERIC	elete IE E DR 20817 elete RGE L VEST J 080023315 elete BIEFFREY D K AVE MD 20817 elete WEST	Address: City-St-Zip:  Title: Name: Address: City-St-Zip: BETH Title: AS Name: Address: Coll Address: City-St-Zip: BETH Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Name: Address: Title: Title: Name: Address: Title: Title	ARTHY, JOHN C ROCKLEDGE DR HESDA, MD 20817  (X) Change ( ) Addition E, GLENN E ROCKLEDGE DRIVE HESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN E COLE AS 05/01/2009