

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90402 048 ***150.00

0616478
AT

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2397317**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCGREGOR, JANET L**
STREET ADDRESS **6801 ROCKLEDGE DR**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **ANTHONY G. VAN SCHAICK**
STREET ADDRESS
CITY-ST-ZIP **SAME ADDRESS**

TITLE **AS** ☐ Delete
NAME **GARWOOD, G.L.**
STREET ADDRESS **2339 ROUTE 70 WEST**
CITY-ST-ZIP **CHERRY HILL NJ 08002-3315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LUCZAK, ROBERT S**
STREET ADDRESS **2339 ROUTE 70 WEST**
CITY-ST-ZIP **CHERRY HILL NJ 08002-3315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MURRAY, NEAL J**
STREET ADDRESS **2339 ROUTE 70 WEST**
CITY-ST-ZIP **CHERRY HILL NJ 08002-3315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

ASSISTANT SECRETARY

Date:

Daytime Phone #

George L. Garwood

4/22/03

852 486 5667

CR2E034 (10/02)