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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 856114 (4)
 1. Corporation Name
LOCKHEED SPACE OPERATIONS COMPANY



Principal Place of Business: **1100 LOCKHEED WAY TITUSVILLE FL 32780**
 Mailing Address: **1100 LOCKHEED WAY TITUSVILLE FL 32780-7910**

3. Date Incorporated or Qualified: **04/13/1983** 3a. Date of Last Report: **04/25/1996**
 4. FEI Number: **94-2910554** Applied For: Not Applicable:
 5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
DIEMOZ, DENNIS K.
%LOCKHEED SPACE OPERATIONS COMPANY
1100 LOCKHEED WAY
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **FL** **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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	OPPLUGER, G.T.	
STREET ADDRESS	1100 LOCKHEED WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, DANIEL W	
STREET ADDRESS	1100 LOCKHEED WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RULON, R.E.	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIEMOZ, DENNIS K	
STREET ADDRESS	1100 LOCKHEED WAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, C.R.	
STREET ADDRESS	4500 PARK GRANADA BLVD.	
CITY-ST-ZIP	CALABASAS CA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, D K	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Schaefer, G. W.
3.3 STREET ADDRESS	6801 Rockledge Drive
3.4 CITY-ST-ZIP	Bethesda, MD 20817
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS Hoover, R. K.
5.3 STREET ADDRESS	6801 Rockledge Drive
5.4 CITY-ST-ZIP	Bethesda, MD 20817
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 do 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.

SIGNATURE: *[Signature]* **4/10/97**

CR2E034 (9/96)