

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 856114 (4)**

1. Corporation Name  
**LOCKHEED SPACE OPERATIONS COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br><b>1100 LOCKHEED WAY<br/>                 TITUSVILLE FL 32780</b> | Mailing Address<br><b>1100 LOCKHEED WAY<br/>                 TITUSVILLE FL 32780</b> |
|--|--|

3. Date Incorporated or Qualified  
**04/13/1983**

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>2339 Route 70 West</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>2339 Route 70 West</b><br>Suite, Apt. #, etc. |
|---|--|

|  |   |  |
|--|---|--|
| 4. FEI Number<br><b>94-2910554</b>                           | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |  |

|  |  |
|--|--|
| 23 <b>CHERRY Hill NJ</b><br>City & State<br>24 <b>08358</b> 25 <b>USA</b><br>Zip Country | 28 <b>CHERRY Hill, NJ.</b><br>City & State<br>29 <b>08358</b> 30 <b>USA</b><br>Zip Country |
|--|--|

|  |                                    |
|--|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b> |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |

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 **CT CORPORATION SYSTEM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. PINE ISLAND RD**  
 84 City **PLANTATION** FL 85 Zip Code **33324**

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 *[Signature]* **ARST SEC** **3-23-98**  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>OPPLIGER, G.T.<br/>1100 LOCKHEED WAY<br/>TITUSVILLE FL</b>  | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>SCHAEFER, G W<br/>6801 ROCKLEDGE DRIVE<br/>BETHESDA MD</b>  | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DIEMOZ, DENNIS K<br/>1100 LOCKHEED WAY<br/>TITUSVILLE FL</b> | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>HOOVER, R K<br/>6801 ROCKLEDGE DRIVE<br/>BETHESDA MD</b>    | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>PD<br/>MICHAEL F. CAMARDO<br/>2339 ROUTE 70 WEST<br/>CHERRY HILL, NJ, 08358</b> |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TD<br/>WALTER E. SKOWRONSKI<br/>6801 ROCKLEDGE DR<br/>BETHESDA, MD 20817</b>    |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>S<br/>NEAL J. MURRAY<br/>2339 ROUTE 70 WEST<br/>CHERRY HILL NJ 08358</b>        |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>CFO<br/>JOHN F. KRATING<br/>2339 ROUTE 70 WEST<br/>CHERRY HILL NJ 08358</b>     |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>AS<br/>RENATA J. BRKAL<br/>6801 ROCKLEDGE DRIVE<br/>BETHESDA, MD 20817</b>      |

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.

SIGNATURE: *[Signature]* **NEAL J. MURRAY** **3/16/98** **609 466 5174**

CR2E034 (10/97)