


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 856114**  
 1. Entity Name  
**LOCKHEED MARTIN SPACE OPERATIONS COMPANY**



Principal Place of Business      Mailing Address  
**2339 ROUTE 70 WEST**      **2339 ROUTE 70 WEST**  
**CHERRY HILL, NJ 08002-3315 US**      **CHERRY HILL, NJ 08002-3315 US**

**DO NOT WRITE IN THIS SPACE**



01052004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**94-2910554**       Not Applicable

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

5. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

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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 registering.)      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 HONEYCUTT, JAY F 1215 J DAVIS HWY, SUITE 1302 ARLINGTON, VA 22202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KEATING, JOHN F 2339 ROUTE 70 WEST CHERRY HILL, NJ 080023315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN SCHAICK, ANTHONY G 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817
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 GARWOOD, GEORGE L 2339 ROUTE 70 WEST CHERRY HILL, NJ 080023315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARRETT, KAREN J 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817

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 01/20/04-80018-021 150.00

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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: *George L. Garwood*      **GEORGE L. GARWOOD** 1/5/04      856-486-5013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #