

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90345 019 ***150.00

0697499
FP

DOCUMENT # 856114

1. Entity Name
LOCKHEED MARTIN SPACE OPERATIONS COMPANY



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

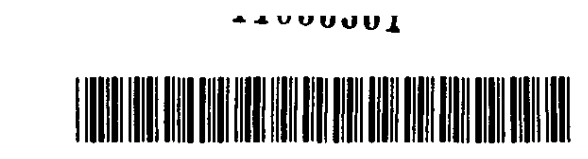
Mailing Address
**2339 ROUTE 70 WEST
CHERRY HILL NJ 08002-3315
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **94-2910554**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	HONEYCUT, JAY F	
STREET ADDRESS	1215 J DAVIS HWY, SUITE 1302	
CITY-ST-ZIP	ARLINGTON VA 22202	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KEATING, JOHN F	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ 08002-3315	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGREGOR, JANET L	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURRAY, NEAL J	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ 08002-3315	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GARWOOD, GEORGE L	
STREET ADDRESS	2339 ROUTE 70 WEST	
CITY-ST-ZIP	CHERRY HILL NJ 08002-3315	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENNETT, DANA L	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD 20817	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUT JAY F.	(NAME SPELLING ONLY)
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY G. VAN SCHAICK	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN J. BARRETT	
STREET ADDRESS	SAME 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: George L. Canessa **SIGNATURE REQUIRED** ASSISTANT SECRETARY 4/22/03 856 486 5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)