

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
 02-07-2002 90306 002 \*\*\*150.00

UNIFORM A1

**DOCUMENT-# 857307**

1. Entity Name  
**LOCKHEED MARTIN LOGISTICS MANAGEMENT, INC.**

Principal Place of Business

**107 FREDERICK STREET  
 GREENVILLE SC 29607  
 US**

Mailing Address

**107 FREDERICK ST  
 GREENVILLE SC 29607  
 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

**95-3487248**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCD<br/>POSEK, DAVID J<br/>107 FREDERICK STREET<br/>GREENVILLE SC 29607</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPGM<br/>JONES, CHARLES D<br/>107 FREDERICK ST<br/>GREENVILLE SC 29607</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>KREGER, STEVE W<br/>107 FREDERICK ST<br/>GREENVILLE SC 29607</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>MCGREGOR, JANET L<br/>6801 ROCKLEDGE DRIVE<br/>BETHESDA MD 20817</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CAMARDO, MICHAEL<br/>2339 ROUTE 70 WEST<br/>CHERRY HILL NJ 08358</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ATD<br/>KAPP, MICHAEL D<br/>101 ROCKBERRY TERRACE<br/>SIMPSONVILLE SC 29681</b> | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael D. Kapp* **Michael D. Kapp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

864-422-6452

Daytime Phone #

CR2E034 (9/01)

Attachment  
817 999  
# 857307

**Company**

**LMLM**

**Lockheed Martin Logistics Management**

(Name change from Lockheed Support  
System, Inc. 09/29/95)

**Board of Directors**

David J. Posek, Chairman  
Michael Camardo  
Charles D. Jones  
John F. Keating  
Michael D. Kapp

**Address**

107 Frederick Street, Greenville, SC 29607  
2339 Route 70 West, Cherry Hill, NJ 08358  
215 Huddersfield Dr., Simpsonville, SC 29681  
2339 Route 70 West, Cherry Hill, NJ 08358  
101 Rockberry Terrace, Simpsonville, SC 29681

**Officers**

David J. Posek  
Charles D. Jones

Steve W. Kregar  
Neal J. Murray  
Jennifer E. Bashaw  
Dana L. Bennett  
Stuart D. Goldstein  
Janet L. McGregor  
Marcus B. Ide  
Michael D. Kapp

**Executive**

**Title**

President  
Vice President and  
General Manager  
Secretary  
Asst. Secretary  
Asst. Secretary  
Asst. Secretary  
Asst. Secretary  
Treasurer  
Asst. Treasurer  
Asst. Treasurer

**Address**

107 Frederick Street, Greenville, SC 29607  
215 Huddersfield Dr., Simpsonville, SC 29681  
108 Windmere Dr., Greenville, SC 29615  
2339 Route 70 West, Cherry Hill, NJ 08358  
6801 Rockledge Drive, Bethesda, MD 20817  
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