

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

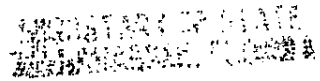
**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
LOCKHEED MARTIN OVERSEAS CORPORATION**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$2,108.75 |

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

12 MAY 11 AM 11:35



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000001271

1. Corporation Name  
**LOCKHEED MARTIN OVERSEAS CORPORATION**

2. Principal Office Address - No P.O. Box #  
**6801 ROCKLEDGE DR.**

3. Mailing Office Address  
**6801 ROCKLEDGE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BETHESDA, MD.**

City & State  
**BETHESDA, MD**

Zip  
**20817**

Country  
**USA**

Zip  
**20817**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida **03/13/02**

5. FEI Number  
**52-1948131**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75: Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**

Suite, Apt. #, Etc.

City  
**TALLAHASSEE**

State  
**FL**

Zip Code  
**32031**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Becky Pierce*

Becky Pierce  
Assistant Vice President

Date **05/11/2012**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| D      | WARD, JOHN M                      | 6801 Rockledge Dr                              | Bethesda, MD 20817 |
| VPT    | Possenriede, Kenneth R            | 6801 Rockledge Dr                              | Bethesda, MD 20817 |
| D      | GREGOIRE, CHRISTOPHER J.          | 6801 RockledgeDr                               | Bethesda, MD 20817 |
| DP     | WHELAN, EDWARD M                  | 6801Rockledge Dr                               | Bethesda, MD 20817 |
| S      | Salinger, Dorota A                | 6801 Rockledge Dr                              | Bethesda, MD 20817 |
| AS     | Cordero, Maritza                  | 6801 Rockledge Dr                              | Bethesda, MD 20817 |

10. E-mail Address: **kathy.l.allen@lmco.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: *Maritza Cordero*

Maritza Cordero, Assistant Sec. 5/11/12

3018976255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Becky Pierce*