

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000428

FILED
Apr 12, 2010
Secretary of State

Entity Name: LOCKHEED MARTIN INFORMATION TECHNOLOGY COMMERCIAL CORP.

Current Principal Place of Business:

6801 ROCKLEDGE DRIVE
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8048 BLDG 100 RM U4632
PHILADELPHIA, PA 19101

New Mailing Address:

PO BOX 8048, BLDG 100, RM U4632
PHILADELPHIA, PA 191018048

FEI Number: 52-2121799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D
Name: GOODEN, LINDA R
Address: 700 N FREDERICK AVE
City-St-Zip: GAITHERSBURG, MD 20879

Title: S/D
Name: MURRAY, NEAL J
Address: 700 N FREDERICK AVE
City-St-Zip: GAITHERSBURG, MD 20879

Title: VP
Name: MACLAUHLAN, JEFFREY D
Address: 700 N FREDERICK AVE
City-St-Zip: GAITHERSBURG, MD 20879

Title: AS
Name: MARTIN, DONALD P
Address: 230 MALL BLVD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T
Name: MCCARTHY, JOHN C
Address: 6801 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD P MARTIN

AS

04/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date