

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

 <b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F93000002582**

1. Corporation Name

**LOCKHEED MARTIN SERVICES, INC.**

Principal Place of Business

Mailing Address

**2339 ROUTE 70 WEST  
CHERRY HILL NJ 08358  
US**

**2339 ROUTE 70 WEST  
THE RIVERVIEW CORPORATE CENTER  
CHERRY HILL NJ 08358  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/03/1993**

4. FEI Number

**52-1813509**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name	<b>CORPORATION SERVICE COMPANY</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1201 NAYS STREET</b>
83		
84	City	<b>TALLAHASSEE FL</b>
85	Zip Code	<b>32301</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Laura P. Dumb*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CAMARDO, MICHAEL F</b>	
STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>	
CITY-ST-ZIP	<b>CHERRY HILL NJ 08358</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>GARWOOD, GEORGE L.</b>	
STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>	
CITY-ST-ZIP	<b>CHERRY HILL NJ</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>MURRAY, NEAL J</b>	
STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>	
CITY-ST-ZIP	<b>CHERRY HILL NJ 08358</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MENAKER, FRANK H JR.</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DRIVE</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>MCGREGOR, JANET L</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DRIVE</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>TRIPPETT, LILLIAN M</b>	
STREET ADDRESS	<b>6801 ROCKLEDGE DRIVE</b>	
CITY-ST-ZIP	<b>BETHESDA MD</b>	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>600002859836-9</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>ARNOLD CHIEF</b>
33 STREET ADDRESS	<b>6801 ROCKLEDGE DRIVE</b>
34 CITY-ST-ZIP	<b>BETHESDA MD 20817</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>JOHN F KEATING</b>
43 STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>
44 CITY-ST-ZIP	<b>CHERRY HILL NJ 08358</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>THREASURY</b>
53 STREET ADDRESS	<b>WALTER E SKOWRONSKI</b>
54 CITY-ST-ZIP	<b>6801 ROCKLEDGE DRIVE</b>
55 CITY-ST-ZIP	<b>BETHESDA MD 20817</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>SECRETARY</b>
63 STREET ADDRESS	<b>NEAL J. MURRAY</b>
64 CITY-ST-ZIP	<b>2339 ROUTE 70 WEST</b>
	<b>CHERRY HILL NJ 08358</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT SECRETARY

DATE

Daytime Phone #

**609 486 5667**