

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # F96000000405 (8)

1. Corporation Name

LOCKHEED MARTIN NEVADA TECHNOLOGIES, INC.



Principal Place of Business

6801 ROCKLEDGE DRIVE  
BALTIMORE MD 20817

Mailing Address

6801 ROCKLEDGE DRIVE  
BALTIMORE MD 20817-1836

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 2621 LOSER ROAD

2a. Mailing Address

26 P.O. BOX 98521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

88-0347976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 N. Las Vegas, NV

City & State

28 Las Vegas NV

Zip

24 89030-4134

Country

25 USA

Zip

29 89193-8531

Country

30 USA

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HAYES, DENNIS B	1155 UNIVERSITY BLVD., S.E.	ALBUQUERQUE NM	<input checked="" type="checkbox"/>
V	NICHOLS, DAVID A	1155 UNIVERSITY BLVD., S.E.	ALBUQUERQUE NM	<input type="checkbox"/>
S	OTTMER, PETER P	1155 UNIVERSITY BLVD., S.E.	ALBUQUERQUE NM	<input type="checkbox"/>
T	SKOWRONSKI, WALTER E	6801 ROCKLEDGE DRIVE	BETHESDA MD	<input type="checkbox"/>
D	HOPKINS, CLYDE C	P.O. BOX 2009 N/A	OAK RIDGE TN	<input checked="" type="checkbox"/>
D	FIGUEROA, FRANCISCO A	P.O. BOX 2009 N/A	OAK RIDGE TN	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	PRESIDENT			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	HARRY J. SAXTON	2621 LOSER ROAD	NORTH LAS VEGAS, NV 89030-4134	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	CHAIRMAN			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	EVERETT BECKNER	1155 UNIVERSITY BLVD SE	ALBUQUERQUE, NM 87106	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	DIRECTOR			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2	JAMES A. GOLTZ	1155 UNIVERSITY BLVD. SE	ALBUQUERQUE, NM 87106	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	DIRECTOR			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2	BARBARA VLASHART	1155 UNIVERSITY BLVD SE	ALBUQUERQUE, NM 87106	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1	DIRECTOR			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2	DALE VON HAASE	6801 ROCKLEDGE DR	BETHESDA, MD 20817	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *[Signature]* Chief Financial Officer 5/6/97 702-295-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)