

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000405 (8)**

1. Corporation Name

LOCKHEED MARTIN NEVADA TECHNOLOGIES, INC.



Principal Place of Business

**2621 LOSEE RD
N LAS VEGAS NV 89030-4134
US**

Mailing Address

**P.O. BOX 98521
LAS VEGAS NV 89193-8521
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

88-0347976

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

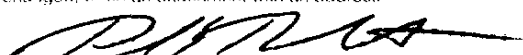
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAXTON, HARRY J	
STREET ADDRESS	2621 LOSEE RD	
CITY-ST-ZIP	NORTH LAS VEGAS NV	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICHOLS, DAVID A	
STREET ADDRESS	1155 UNIVERSITY BLVD., S.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OTTMER, PETER P	
STREET ADDRESS	1155 UNIVERSITY BLVD., S.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SKOWRONSKI, WALTER E	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY-ST-ZIP	BETHESDA MD	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BECKNER, EVERETT	
STREET ADDRESS	1155 UNIVERSITY BLVD., S.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLTZ, JAMES A	
STREET ADDRESS	1155 UNIVERSITY BLVD., S.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2621 Losee Road
2.4 CITY-ST-ZIP	North Las Vegas, NV
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6801 Rockledge Drive
3.4 CITY-ST-ZIP	Bethesda, MD
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6801 Rockledge Drive
5.4 CITY-ST-ZIP	Bethesda, MD
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	6801 Rockledge Drive
6.4 CITY-ST-ZIP	Bethesda, MD

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.

SIGNATURE:



2/17/98

702-295-0902

CR2E034 (10/97)