

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90036 001 \*\*\*150.00

**DOCUMENT # F96000000405**

1. Entity 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

54027450



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0347976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME POWELL, JAMES E  
STREET ADDRESS 2621 LOSEE RD  
CITY-ST-ZIP NORTH LAS VEGAS NV 89030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME VAN SCHAICK, ANTHONY G  
STREET ADDRESS 6801 ROCKLEDGE DR  
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME CAMARDO, MICHAEL F  
STREET ADDRESS 6801 ROCKLEDGE DRIVE  
CITY-ST-ZIP BETHESDA MD

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME KEATING, JOHN F  
STREET ADDRESS 6801 ROCKLEDGE DRIVE  
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPSD ☐ Delete  
NAME MURRAY, NEAL J  
STREET ADDRESS 6801 ROCKLEDGE DRIVE  
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BRINCH, STEPHEN W  
STREET ADDRESS 9801 ROCKLEDGE DR.  
CITY-ST-ZIP BETHESDA MD

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS Brinch, Stephen W.  
CITY-ST-ZIP 6801 Rockledge Dr.  
Bethesda, MD 20817

12. 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 report or supplemental 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 10 or Block 11 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

President

8/31/04

(702) 295-2050

Date

Daytime Phone #

James E Powell