2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01275

FILED Jan 19, 2009 Secretary of State

Entity Name: LOCKHEED MARTIN TRAINING SOLUTIONS, INC.

	rincipal Place o	f Business:	New Prince	cipal Place of Business:	
	KE UNDERHILL I D, FL 32825 U	RD. JS			
urrent Mailing Address:			New Maili	New Mailing Address:	
	KE UNDERHILL I	RD.			
RLANDO	D, FL 32825 U	JS			
l Number	: 23-2477497	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
me and	l Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
O1 HAY	ATION SERVICE S STREET SSEE, FL 32301				
	e named entity su e of Florida.	bmits this statement for the	purpose of changing	its registered office or registered agent, or b	
NATU					
	Electronic	s Signature of Registered A	gent	Date	
ction Ca	mpaign Financing 1	Trust Fund Contribution ().			
FICER	S AND DIRECTO	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIREC	
le: me: dress: y-St-Zip:	PD () D MARTIN, LORRAI 12506 LAKE UND ORLANDO, FL 32	ERHILL RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARTIN, LORRAINE 12506 LAKE UNDERHILL RD ORLANDO, FL 32825 US	
e:		Delete	Title:	() Change () Addition	
dress:	PIPER, STEPHEN 6801 ROCKLEDG BETHESDA, MD	SE DRIVE	Name: Address: City-St-Zip:		
dress: y-St-Zip: e: me: dress:	6801 ROCKLEDG BETHESDA, MD	SE DRIVE 20817 US Delete DERHILL RD	Address:	()Change ()Addition	
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	6801 ROCKLEDG BETHESDA, MD D ()D MILLER, ALFRED 12506 LAKE UND ORLANDO, FL 32 S ()D DARRENKAMP, K	GE DRIVE 20817 US Delete DERHILL RD 2825 US Delete KEVIN DERHILL RD., MP840	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip: le: me: dress: y-St-Zip:	6801 ROCKLEDG BETHESDA, MD D ()D MILLER, ALFRED 12506 LAKE UND ORLANDO, FL 32 S ()D DARRENKAMP, K 12506 LAKE UND ORLANDO, FL 32	DE DRIVE 20817 US Delete DERHILL RD 2825 US Delete (EVIN DERHILL RD., MP840 2825 US Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN DARRENKAMP S 01/19/2009