

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19526

1. Corporation Name

LOCKHEED MARTIN TECHNICAL OPERATIONS COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1309 MOFFETT PARK DR. P.O. BOX 61687 SUNNYVALE CA 94088-6687		Mailing Address 1309 MOFFETT PARK DR. P.O. BOX 61687 SUNNYVALE CA 94088-1687 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/06/1988	4. FEI Number 77-0144921
21	26	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24	25	29	30

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		CORPORATION SERVING COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	

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 E. Duff (NOTE: Registered Agent signature required when reinstating.) DATE 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARDO, MF	12 NAME	
STREET ADDRESS	2339 ROUTE 70 W	13 STREET ADDRESS	611002858846-8
CITY-ST-ZIP	CHERRY HILL NJ	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHEARS, MR	22 NAME	DIRECTOR
STREET ADDRESS	6801 ROCKLEDGE DRIVE	23 STREET ADDRESS	STEPHEN W. BRINCH
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP	2339 ROUTE 70 WEST
TITLE	P	31 TITLE	CHERRY HILL, NJ 08358
NAME	DESSLING, R.W.	32 NAME	PRESIDENT / DIRECTOR
STREET ADDRESS	1309 MOFFETT PARK DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, NJ	42 NAME	SECRETARY / DIRECTOR
STREET ADDRESS	2339 ROUTE 70 W	43 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHANT, B	52 NAME	
STREET ADDRESS	1309 MOFFETT PARK DR	53 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA 94089	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	ASSISTANT SECRETARY
STREET ADDRESS		63 STREET ADDRESS	GEORGE L. GALWORTHY
CITY-ST-ZIP		64 CITY-ST-ZIP	2339 ROUTE 70 WEST

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] ASSISTANT SECRETARY 4/29/99 609 486 5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #