

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

**FILED**  
**Jun 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P-23645  
 1. Corporation Name  
**LOCKHEED MARTIN TECHNICAL SERVICES, INC.**

Principal Place of Business <b>2339 ROUTE 70 WEST CHERRY HILL NJ 08358</b>	Mailing Address <b>2339 ROUTE 70 WEST CHERRY HILL NJ 08358</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>9/26/88 DE 3/20/89 FL</b>	3a. Date of Last Report
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4. FEI Number <b>52-1592547</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**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
		<b>500002216445</b>	<b>***165.00</b>	<b>FL</b>
		<b>-06/18/97--01110--011</b>		

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 (applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>PRESIDENT (CEO)</b>	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>MICHAEL F CAMARDO</b>		
13 STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>		
14 CITY - ST - ZIP	<b>CHERRY HILL NJ 08358</b>		
21 TITLE	<b>TREASURER</b>	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>JANET L. MC GREGOR</b>		
23 STREET ADDRESS	<b>6801 ROCKLEGE DRIVE</b>		
24 CITY - ST - ZIP	<b>BETHESDA MD 20817</b>		
31 TITLE	<b>SECRETARY</b>	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>LILLIAN M. TRIPPETT</b>		
33 STREET ADDRESS	<b>6801 ROCKLEGE DRIVE</b>		
34 CITY - ST - ZIP	<b>BETHESDA MD 20817</b>		
41 TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME	<b>JENNIFER BASHAW</b>		
43 STREET ADDRESS	<b>6801 ROCKLEGE DRIVE</b>		
44 CITY - ST - ZIP	<b>BETHESDA MD 20817</b>		
51 TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	<b>ARNOLD CHIEF</b>		
53 STREET ADDRESS	<b>6801 ROCKLEGE DRIVE</b>		
54 CITY - ST - ZIP	<b>BETHESDA MD 20817</b>		
61 TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/>	<input type="checkbox"/>
62 NAME	<b>NEAL J. MURRAY</b>		
63 STREET ADDRESS	<b>2339 ROUTE 70 WEST</b>		
64 CITY - ST - ZIP	<b>CHERRY HILL, NJ 08358</b>		

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: \_\_\_\_\_ ASSISTANT SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)