

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
 APR 30 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P23645**
 1. Corporation Name
LOCKHEED MARTIN TECHNICAL SERVICES, INC.



Principal Place of Business 2339 ROUTE 70 WEST CHERRY HILL NJ 08358	Mailing Address 2339 ROUTE 70 WEST CHERRY HILL NJ 08358
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1989	
4. FEI Number 52-1592547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent	
81 Name CORPORATION SERVICE COMPANY	
82 Street Address (P O. Box Number is Not Acceptable) 1201 HAYS STREET	
83	
84 City TALLAHASSEE FL	85 Zip Code 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 R. Durr DATE 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMARDO, MICHAEL F		12 NAME	
STREET ADDRESS 2339 ROUTE 70 WEST		13 STREET ADDRESS	400002859844-5
CITY-ST-ZIP CHERRY HILL NJ 08358		14 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	21 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, NEAL J		22 NAME	
STREET ADDRESS 2339 ROUTE 70 WEST		23 STREET ADDRESS	
CITY-ST-ZIP CHERRY HILL NJ 08358		24 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	31 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIPPETT, LILLIAN M		32 NAME	JOHN F KEATING
STREET ADDRESS 6801 ROCKLEDGE DRIVE		33 STREET ADDRESS	2339 ROUTE 70 WEST
CITY-ST-ZIP BETHESDA MD 20817		34 CITY-ST-ZIP	CHERRY HILL, NJ, 08358
TITLE T	<input type="checkbox"/> DELETE	41 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGREGOR, JANET L		42 NAME	WALTER P SKOWRONSKI
STREET ADDRESS 6801 ROCKLEDGE DRIVE		43 STREET ADDRESS	6801 ROCKLEDGE DR
CITY-ST-ZIP BETHESDA MD 20817		44 CITY-ST-ZIP	BETHESDA MD 20817
TITLE AS	<input type="checkbox"/> DELETE	51 TITLE	ASST. SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASHAW, JENNIFER		52 NAME	RENATA J. BARR
STREET ADDRESS 6801 ROCKLEDGE DRIVE		53 STREET ADDRESS	6801 ROCKLEDGE DR
CITY-ST-ZIP BETHESDA MD 20817		54 CITY-ST-ZIP	BETHESDA MD 20817
TITLE AS	<input type="checkbox"/> DELETE	61 TITLE	
NAME CHIET, ARNOLD		62 NAME	
STREET ADDRESS 6801 ROCKLEDGE DRIVE		63 STREET ADDRESS	
CITY-ST-ZIP BETHESDA MD 20817		64 CITY-ST-ZIP	

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: Laura R. Durr SECRETARY DATE 4/29/99 DAYTIME PHONE # 609 486 5174