

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90077 032 ***150.00

05/4585 AT

DOCUMENT # P23645

1. Entity Name
LOCKHEED MARTIN TECHNICAL SERVICES, INC.

Principal Place of Business
**2339 ROUTE 70 WEST
 CHERRY HILL NJ 08002-3315**

Mailing Address
**2339 ROUTE 70 WEST
 CHERRY HILL NJ 08002-3315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1592547

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **RENfro, LINDA R**
 STREET ADDRESS **5203 LEESBURG PIKE**
 CITY-ST-ZIP **FALLS CHURCH VA 22041**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GOODEN LINDA R**
 STREET ADDRESS **7375 ELECTRA PIKE Suite 302**
 CITY-ST-ZIP **SEASIDE MD 20706**

TITLE **S** ☐ Delete
 NAME **MURRAY, NEAL J**
 STREET ADDRESS **2339 ROUTE 70 WEST**
 CITY-ST-ZIP **CHERRY HILL NJ 08358**

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

TITLE **VP** ☐ Delete
 NAME **KEATING, JOHN F**
 STREET ADDRESS **2339 ROUTE 70 WEST**
 CITY-ST-ZIP **CHERRY HILL NJ 08358**

TITLE **VPD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **MC GREGOR, JANET L**
 STREET ADDRESS **6801 ROCKLEDGE DRIVE**
 CITY-ST-ZIP **BETHESDA MD 20817**

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

TITLE **AS** ☐ Delete
 NAME **GARWOOD, GEORGE L**
 STREET ADDRESS **2339 RT P WEST**
 CITY-ST-ZIP **CHERRY HILL NJ 08358**

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

TITLE **AS** ☐ Delete
 NAME **GOLDSTEIN, STUART D**
 STREET ADDRESS **6801 ROCKLEDGE DRIVE**
 CITY-ST-ZIP **BETHESDA MD 20817**

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

13. 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 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **George L. Garwood**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 856 486 5667
 Date Daytime Phone #

CR2E034 (9/01)