

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90077 029 \*\*\*150.00

**DOCUMENT # P25046**

1. Entity Name

**LOCKHEED MARTIN ENGINEERING & SCIENCES COMPANY**

Principal Place of Business

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

Mailing Address

**2339 ROUTE 70 WEST  
 THE RIVERVIEW CORPORATE CENTER  
 CHERRY HILL NJ 08002-3315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-3424436**

Applied For

Not Applicable

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS HONEYCUTT, JAY F  
 CITY-ST-ZIP 2625 BAY AREA BLVD  
 HOUSTON TX 77058

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1215 Jeff Davis Hwy, Suite 1302  
 CITY-ST-ZIP ARLINGTON, VA. 22202

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS K. ASBURY  
 CITY-ST-ZIP 2625 BAY AREA BLVD.  
 HOUSTON TX 77058

TITLE ☒ Change ☐ Addition  
 NAME VP  
 STREET ADDRESS 1670 N. Newport Rd, Suite 450  
 CITY-ST-ZIP COLORADO SPRINGS CO 80916

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS MCGREGOR, JANET L  
 CITY-ST-ZIP 6801 ROCKWEDGE DR  
 BETHESDA MD 20817

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS MURRAY, NEAL J  
 CITY-ST-ZIP 2339 ROUTE 70 WEST  
 CHERRY HILL NJ 08002-3310

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

TITLE ☐ Delete  
 NAME AS  
 STREET ADDRESS GARWOOD, GEORGE L  
 CITY-ST-ZIP 2339 ROUTE 70 WEST  
 CHERRY HILL NJ 08358

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

TITLE ☐ Delete  
 NAME AS  
 STREET ADDRESS GOLDSTEIN, STUART  
 CITY-ST-ZIP 6801 ROCKLEDGE DRIVE  
 BRYANTOWN MD 20617

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE L. GARWOOD**  
**ASSISTANT SECRETARY**

**4/24/02 856 486 5667**

Date

Daytime Phone #

CR2034 (9/01)