

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90402 044 ***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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HONEYCUTT, JAY F**
STREET ADDRESS **1215 JEFF DAVIS HWY, SUITE 1302**
CITY-ST-ZIP **ARLINGTON VA 22202**

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

TITLE **V** ☐ Delete
NAME **K. ASBURY**
STREET ADDRESS **1670 N NEWPORT ROAD, SUITE 450**
CITY-ST-ZIP **COLORADO SPRINGS CO 80916**

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

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **ANTHONY G VAN SCHAICK**
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MURRAY, NEAL J**
STREET ADDRESS **2339 ROUTE 70 WEST**
CITY-ST-ZIP **CHERRY HILL NJ 08002-3315**

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

TITLE **AS** ☐ Delete
NAME **GARWOOD, GEORGE L**
STREET ADDRESS **2339 ROUTE 70 WEST**
CITY-ST-ZIP **CHERRY HILL NJ 08002-3315**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E034 (10/02)