


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 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 # P31352 (8)
1. Corporation Name
LOCKHEED MARTIN AEROSPACE CORP.



Principal Place of Business 8501 JAMBOREE BLVD #500 NEWPORT BCH CA 92660	Mailing Address 3501 JAMBOREE BLVD #500 NEWPORT BCH CA 92660
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6801 Rockledge Dr. Suite, Apt. #, etc. 22 MP 200-10 City & State 23 Bethesda, MD Zip 24 20817		2a. Mailing Address 25 6801 Rockledge Dr. Suite, Apt. #, etc. 26 MP 200-10 City & State 27 Bethesda, MD Zip 28 20817		3. Date Incorporated or Qualified 10/17/1990		3a. Date of Last Report 05/01/1996	
Country 25 U.S.A.		Country 28 U.S.A.		4. FEI Number 13-3581906		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, BERNARD L.	1.2 NAME	Trippett, Lillian M.
STREET ADDRESS	944 FIFTH AVENUE	1.3 STREET ADDRESS	6801 Rockledge Dr.
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARGOFF, MICHAEL B.	2.2 NAME	Hoover, Roger K.
STREET ADDRESS	123 SURREY ROAD	2.3 STREET ADDRESS	6801 Rockledge Dr.
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, BERNARD C	3.2 NAME	Lavan, Maryanne R.
STREET ADDRESS	20396 VIA VOLANTE	3.3 STREET ADDRESS	6801 Rockledge Dr.
CITY-ST-ZIP	CUPERTINO CA	3.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANZA, FRANK C	4.2 NAME	Piper, Stephen M.
STREET ADDRESS	600 THIRD AVENUE	4.3 STREET ADDRESS	6801 Rockledge Dr.
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSS, MARIE A	5.2 NAME	Rhodes, Thomas P.
STREET ADDRESS	325 FERN PLACE	5.3 STREET ADDRESS	3200 Zanker Rd.
CITY-ST-ZIP	DIAMOND BAR CA	5.4 CITY-ST-ZIP	San Jose, CA 95134
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILLEN, DENIS E.	6.2 NAME	Chan, Leland L.
STREET ADDRESS	19553 BROCKTON LANE	6.3 STREET ADDRESS	3200 Zanker Rd.
CITY-ST-ZIP	SARATOGA CA	6.4 CITY-ST-ZIP	San Jose, CA 95134

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:

SIGNATURE: Leland L. Chan Aug 7, 1997 (405) 473-5378

CR2E034 (4/97)