

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P41128 (0)**

1. Corporation Name  
**LORAL VOUGHT SERVICES, INC.**  
**LOCKHEED MARTIN VOUGHT SERVICES, INC.**



Principal Place of Business Mailing Address  
**ATTN: TAX DEPARTMENT**  
**P.O. BOX 650003**  
**DALLAS TX 75265-0003**

3. Date Incorporated or Qualified **10/21/1992** 3a. Date of Last Report **05/01/1996**

4. FEI Number **13-3678280** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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

TITLE **C**  DELETE

NAME **SCHWARTZ, D.L.**

STREET ADDRESS **844 FIFTH AVENUE**

CITY-ST-ZIP **NEW YORK NY**

TITLE **VC**  DELETE

NAME **LANZA, F.C.**

STREET ADDRESS **37 MURRAY HILL ROAD**

CITY-ST-ZIP **SCARSDALE NY**

TITLE **P**  DELETE

NAME **MUSSELMAN, J.A.**

STREET ADDRESS **533 LOCK 'N GREEN TRAIL**

CITY-ST-ZIP **ARLINGTON TX**

TITLE **SRVP**  DELETE

NAME **TROXEL, G.D.**

STREET ADDRESS **129 NORTH CREEKWOOD DR.**

CITY-ST-ZIP **MANSFIELD TX**

TITLE **V**  DELETE

NAME **LA PENTA, ROBERT V**

STREET ADDRESS **740 RIVERSVILLE RD.**

CITY-ST-ZIP **GREENWICH CT 06031**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800002173908**

**-05/09/97--01123--046**

**\*\*\*165.00**

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 has received or is 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, on an attachment with an address.

SIGNATURE:  **G.D. TROXEL SENIOR V.P. & C.F.O.** 4.22.97 972-603-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)