

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23645

**Entity Name:** LOCKHEED MARTIN TECHNICAL SERVICES, INC.

**Current Principal Place of Business:**

700 N FREDERICK AVE  
GAITHERSBURG, MD 20879

**Current Mailing Address:**

PO BOX 61511, BLDG 100, RM U4632  
KING OF PRUSSIA, PA 19406

**FEI Number:** 52-1592547

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C/P/D  
Name GOODEN, LINDA R  
Address 700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

Title VP/T  
Name POSSENRIEDE, KENNETH R  
Address 6801 ROCKLEDGE DR  
City-State-Zip: BETHESDA MD 20817

Title VP/S/D  
Name MACKAY, SCOTT W  
Address 700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

Title ASEC  
Name MARTIN, DONLAD P  
Address 230 MALL BLVD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP/D  
Name STANISLAV, MARTIN T  
Address 700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

Title VP/D  
Name LEWIS, PATRICIA L  
Address 700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

Title ASST. TREASURER  
Name WHITNEY, RENA H  
Address 700 N FREDERICK AVE  
City-State-Zip: GAITHERSBURG MD 20879

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONLAD P MARTIN

**ASSISTANT SECRETARY 04/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date