

1.) CORPORATION NAME:

**LOCKHEED MARTIN MANAGEMENT SYSTEMS  
DESIGNERS, INC.**

DUE DATE: **9/30/2012**

SCC ID NO: **02094381**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFER	500,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2677 PROSPERITY AVE  
STE 700

CITY/ST/ZIP: FAIRFAX, VA 22031-4905

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LINDA R GOODEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/PRES		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		

NAME:	SCOTT W MACKAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP/SEC		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		

NAME:	MARTIN T STANISLAV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		

NAME:	KENNETH R POSSENRIEDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	CRAIG E WELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		

NAME:	GLENN E COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC TAX		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME: MARITZA CORDERO TITLE: ASST SEC ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DONALD P MARTIN TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: BLDG 100, RM U4632 KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DONALD PMARTIN	DONALD PMARTIN,	9/4/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.