

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2014**

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 N FREDERICK AVE

CITY/ST/ZIP: GAITHERSBURG, MD 20879

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.

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

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

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

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RENA H WHITNEY	
TITLE:	ASST TREASURER	
ADDRESS:	6801 ROCKLEDGE DR	
CITY/ST/ZIP/CO:	BETHESDA, MD 20817	

NAME: KATHY L ALLEN TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GLENN E COLE TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTINA EMENS TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BARBARA LOSCALZO TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DONALD P MARTIN TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD BLDG 100, RM U4632 CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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 P MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD P MARTIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
9/18/2014 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.	