

1.) CORPORATION NAME:

**LOCKHEED MARTIN COMPASS COMPUTER SERVICES, INC.**

DUE DATE: **4/30/2012**

SCC ID NO: **03014917**

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	20,000

**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 AVENUE #700

CITY/ST/ZIP: FAIRFAX, VA 22031-4906

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:	LINDA R GOODEN	
TITLE:	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:	VP / SECRETARY	
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:	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:	CRAIG E WELLER	
TITLE:	VICE PRESIDENT	
ADDRESS:	700 N FREDERICK AVE	
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINA EMENS	
TITLE:	ASST SECRETARY	
ADDRESS:	2339 RT 70 W	
CITY/ST/ZIP/CO:	CHERRY HILL, NJ 08002	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD P MARTIN	
TITLE:	ASST SECRETARY	
ADDRESS:	230 MALL BLVD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406	

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

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	DONALD P MARTIN, ASST	3/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.