

1.) CORPORATION NAME:

**Lockheed Martin Government Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **1/31/2012**

SCC ID NO: **F0260754**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CURIE CT

CITY/ST/ZIP: ROCKVILLE, MD 20850-

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  
TITLE: PRESIDENT  
ADDRESS: 700 N FREDERICK AVE  
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879-

OFFICER  DIRECTOR

NAME: DONALD P MARTIN  
TITLE: ASST SECRETARY  
ADDRESS: 230 MALL BLVD  
CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-

OFFICER  DIRECTOR

NAME: SCOTT W MACKAY  
TITLE: VICE PRESIDENT  
ADDRESS: 700 N FREDERICK AVE  
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879-

OFFICER  DIRECTOR

NAME: SCOTT W MACKAY  
TITLE: SECRETARY  
ADDRESS: 700 N FREDERICK AVE  
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879-

OFFICER  DIRECTOR

NAME: KENNETH R POSSENRIEDE  
TITLE: VICE PRESIDENT  
ADDRESS: 6801 ROCKLEDGE DR  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER  DIRECTOR

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

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENA H WHITNEY ASST TREASURER 6801 ROCKLEDGE DR BETHESDA, MD 20817-	<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	1/30/2012 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.