

1.) CORPORATION NAME:

**Lockheed Martin Government Services, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F0260754**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
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:	VICE PRESIDENT		
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:	CRAIG E WELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	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:	VICE PRESIDENT		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

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

NAME: DONALD P MARTIN 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: KENNETH R POSSENRIEDE TITLE: 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	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICIA L LEWIS TITLE: DIRECTOR ADDRESS: 700 N FREDERICK AVE CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879	<input type="checkbox"/> OFFICER <input checked="" 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	1/22/2013 _____ 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.		