

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213534586

1.) CORPORATION NAME:

**LOCKHEED MARTIN LOGISTICS MANAGEMENT, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F0436826**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OK**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 244 TERMINAL ROAD

CITY/ST/ZIP: GREENVILLE, SC 29605

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: KENNETH R POSSENRIEDE  
 TITLE: VP / TREASURER  
 ADDRESS: 6801 ROCKLEDGE DR  
 CITY/ST/ZIP/CO: BETHESDA, MD 20817

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: KIM M MAZUR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 244 TERMINAL RD  
 CITY/ST/ZIP/CO: GREENVILLE, SC 29605

OFFICER

DIRECTOR

NAME: RAYMOND A BURICK  
 TITLE: PRESIDENT  
 ADDRESS: 86 S COBB DR  
 CITY/ST/ZIP/CO: MARIETTA, GA 30063

OFFICER

DIRECTOR

NAME: DONALD E ERICKSON  
 TITLE: DIRECTOR  
 ADDRESS: 244 TERMINAL RD  
 CITY/ST/ZIP/CO: GREENVILLE, SC 29605

OFFICER

DIRECTOR

NAME: MICHAEL P FELIX  
 TITLE: VICE PRESIDENT  
 ADDRESS: 244 TERMINAL RD  
 CITY/ST/ZIP/CO: GREENVILLE, SC 29605

OFFICER

DIRECTOR

NAME: ROBERT F PEZZIMENTI TITLE: SECRETARY ADDRESS: 86 S COBB DR CITY/ST/ZIP/CO: MARIETTA, GA 30063	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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: 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
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	7/25/2013 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.		