

1.) CORPORATION NAME:

**LOCKHEED MARTIN LIBRASCOPE CORPORATION**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0574113**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9500 GODWIN DRIVE

CITY/ST/ZIP: MANASSAS, VA 20110

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:	LISA B CALLAHAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6801 Rockledge Drive		
CITY/ST/ZIP/CO:	Bethesda, MD 20817		

NAME:	JOHN J CUNNINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9500 GODWIN DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

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

NAME:	MARITZA CORDERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	6801 ROCKLEDGE DRIVE		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

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

NAME:	Philip T James	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9500 GODWIN DR		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

NAME: KATHY L ALLEN TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DRIVE 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 DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID A HEYWOOD TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Frank Lamir TITLE: DIRECTOR ADDRESS: 6801 Rockledge Drive CITY/ST/ZIP/CO: Bethesda, MD 20817	<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/ GLENN E COLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GLENN E COLE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
3/8/2014 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.	