

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213523235

1.) CORPORATION NAME:

LOCKHEED MARTIN SERVICES, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1140799**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 N FREDERICK AVE

CITY/ST/ZIP: GAITHERSBURG, MD 20879

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 20817

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: MARTIN T STANISLAV
TITLE: VICE PRESIDENT
ADDRESS: 700 N FREDERICK AVE
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879

OFFICER DIRECTOR

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: PATRICIA L LEWIS
TITLE: VICE PRESIDENT
ADDRESS: 700 N FREDERICK AVE
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879

OFFICER 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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY L ALLEN ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARITZA CORDERO ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINA EMENS ASST SECRETARY 2339 RT 70 W CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA LOSCALZO ASST SECRETARY 2339 RT 70 W CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA RUSHTON ASST SECRETARY 86 S COBB DR MARIETTA, GA 30063	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A HEYWOOD ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN E COLE ASST SECRETARY 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.

<u>/s/ DONALD P MARTIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DONALD P MARTIN, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>5/16/2013</u> DATE
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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.