

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212528920

1.) CORPORATION NAME:

LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1261207**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

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: GLENN E COLE
TITLE: ASST SECRETARY
ADDRESS: 6801 ROCKLEDGE DR
CITY/ST/ZIP/CO: BETHESDA, MD 20817

OFFICER

DIRECTOR

NAME: DALE P BENNETT
TITLE: DIRECTOR
ADDRESS: 100 GLOBAL INNOVATION CIRCLE
CITY/ST/ZIP/CO: MP 860
ORLANDO, FL 32825

OFFICER

DIRECTOR

NAME: LEONARD M HICKS
TITLE: PRESIDENT
ADDRESS: 12506 LAKE UNDERHILL RD
CITY/ST/ZIP/CO: ORLANDO, FL 32825

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: KEVIN C DARRENKAMP
TITLE: SECRETARY
ADDRESS: 12506 LAKE UNDERHILL RD
CITY/ST/ZIP/CO: ORLANDO, FL 32825

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: 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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH R POSSENRIEDE VP / TREASURER 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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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 PMARTIN	DONALD PMARTIN,	7/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.