

1.) CORPORATION NAME:

**LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1261207**

**RICHMOND, VA**

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

NAME:	GLENN E COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

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

NAME:	DONALD P MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	230 MALL BLVD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

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

NAME: JAMES K BECK TITLE: DIRECTOR ADDRESS: 5600 SAND LAKE RD CITY/ST/ZIP/CO: ORLANDO, FL 32819	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JUNE SHREWSBURY TITLE: PRESIDENT ADDRESS: POB 650003 CITY/ST/ZIP/CO: DALLAS, TX 75265	<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: DAVID A HEYWOOD TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES C MIFSUD TITLE: SECRETARY ADDRESS: 5600 SAND LAKE RD CITY/ST/ZIP/CO: ORLANDO, FL 32819	<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	7/8/2013 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.		