

1.) CORPORATION NAME:

LOCKHEED MARTIN INTEGRATED SYSTEMS, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **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: 5600 SAND LAKE RD

CITY/ST/ZIP: ORLANDO, FL 20817

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: | KATHY L ALLEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| 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: | DAVID A HEYWOOD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 6801 ROCKLEDGE DR | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20817 | | |

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| NAME: DONALD P MARTIN TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406 | <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 |
| NAME: SCOTT W MACKAY TITLE: DIRECTOR ADDRESS: 700 N FREDERICK AVE CITY/ST/ZIP/CO: GAITHERSBURG, MD 20879 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: T W SCOTT TITLE: PRESIDENT ADDRESS: 10530 ROSEHAVEN ST CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BRIAN COLAN TITLE: DIRECTOR ADDRESS: 5600 SAND LAKE RD CITY/ST/ZIP/CO: ORLANDO, FL 32819 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JAMES M SHARP TITLE: VICE PRESIDENT 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 |
| 6/26/2014 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. | |