

1.) CORPORATION NAME:

**LOCKHEED MARTIN CORPORATION PROPERTIES,  
INC.(USED IN VA BY: LMC PROPERTIES, INC.)**

DUE DATE: **12/31/2011**

SCC ID NO: **F1652561**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 S CHARLES ST SUITE 1400

CITY/ST/ZIP: BALTIMORE, MD 21201-

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: THERESA B SHEA  
TITLE: VP/GC  
ADDRESS: 100 S CHARLES ST  
SUITE 1400  
CITY/ST/ZIP/CO: BALTIMORE, MD 21201-

OFFICER

DIRECTOR

NAME: SUSAN YAN  
TITLE: ASS/SEC OFF  
ADDRESS: 100 S CHARLES ST  
CITY/ST/ZIP/CO: BALTIMORE, MD 21201-

OFFICER

DIRECTOR

NAME: ROBER O'BRIEN  
TITLE: PRESIDENT  
ADDRESS: 100 S CHARLES ST  
SUITE 1400  
CITY/ST/ZIP/CO: BALTIMORE, MD 21201-

OFFICER

DIRECTOR

NAME: KENNETH R POSSENREIDE  
TITLE: CHM/T  
ADDRESS: 6801 ROCKLEDGE DRIVE  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

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:	GEOFFREY TROAN VICE PRESIDENT 477 WATER STREET CELEBRATION, FL 34747-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH DAY VICE PRESIDENT 100 S CHARLES ST SUITE 1400 BALTIMORE, MD 21201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARITZA CORDERO ASST SECRETARY 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A HEYWOOD ASST TREASURER 6801 ROCKLEDGE DRIVE ROCKVILLE, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLE GLENN E. ASST TREASURER 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD P MARTIN ASST TREASURER 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BIRDWELL ASST SECRETARY PO BOX 748 FORT WORTH, TX 76101-	<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/ THERESA B SHEA	THERESA B SHEA, VP/GC	1/10/2012
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.