

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213542739

1.) CORPORATION NAME:

**Lockheed Martin Training Solutions, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1770652**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 GLOBAL INNOVATION CIRCLE

CITY/ST/ZIP: ORLANDO, FL 32825

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL SARPU		
TITLE:	PRESIDENT		
ADDRESS:	100 GLOBAL INNOVATION CIRCLE		
CITY/ST/ZIP/CO:	ORLANDO, FL 32825		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Kathy L Allen		
TITLE:	ASST SECRETARY		
ADDRESS:	6801 Rockledge Drive		
CITY/ST/ZIP/CO:	Bethesda, MD 20817		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Kenneth R Possenriede		
TITLE:	VP/TREAS		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Glenn E Cole		
TITLE:	ASST SECRETARY		
ADDRESS:	6801 Rockledge Drive		
CITY/ST/ZIP/CO:	Bethesda, MD 20817		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Maritza Cordero		
TITLE:	ASST SECRETARY		
ADDRESS:	6801 Rockledge Drive		
CITY/ST/ZIP/CO:	Bethesda, MD 20817		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Angie T Griswell		
TITLE:	DIRECTOR		
ADDRESS:	100 Global Innovation Circle		
CITY/ST/ZIP/CO:	Orlando, FL 32825		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David A Heywood ASST SECRETARY 6801 Rockledge Drive Bethesda, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James L Weitzel VICE PRESIDENT 100 Global Innovation Circle Orlando, FL 32825	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rena H Whitney ASST TREASURER 6801 Rockledge Drive Bethesda, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Craig VICE PRESIDENT 100 Global Innovation Circle Orlando, FL 32825	<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/ Kathy L Allen	Kathy L Allen, ASST SECRETARY	9/12/2013
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.