

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213548570

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.

NAME: MICHAEL SARPU
TITLE: PRESIDENT
ADDRESS: 100 GLOBAL INNOVATION CIRCLE
CITY/ST/ZIP/CO: ORLANDO, FL 32825

OFFICER

DIRECTOR

NAME: JAMES CRAIG
TITLE: VICE PRESIDENT
ADDRESS: 100 GLOBAL INNOVATION CIRCLE
CITY/ST/ZIP/CO: ORLANDO, FL 32825

OFFICER

DIRECTOR

NAME: KENNETH R POSSENRIEDE
TITLE: VP/TREAS
ADDRESS: 6801 ROCKLEDGE DR
CITY/ST/ZIP/CO: BETHESDA, MD 20817

OFFICER

DIRECTOR

NAME: JAMES L WEITZEL
TITLE: VICE PRESIDENT
ADDRESS: 100 GLOBAL INNOVATION CIRCLE
CITY/ST/ZIP/CO: ORLANDO, FL 32825

OFFICER

DIRECTOR

NAME: RENA H WHITNEY
TITLE: ASST TREASURER
ADDRESS: 6801 ROCKLEDGE DRIVE
CITY/ST/ZIP/CO: BETHESDA, MD 20817

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DRIVE 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 DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Kathy 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: David Goldstaub TITLE: SECRETARY ADDRESS: 100 Global Innovation Circle CITY/ST/ZIP/CO: Orlando, FL 32825	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Michael Ferguson TITLE: DIRECTOR ADDRESS: 12506 Lake Undehill Road CITY/ST/ZIP/CO: Orlando, FL 32825	<input type="checkbox"/> OFFICER	<input checked="" 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/ Kathy Allen SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kathy Allen, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/18/2013 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.		