

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 827257

1. Entity Name

LITTON SYSTEMS, INC.



Principal Place of Business

1840 CENTURY PARK EAST
LOS ANGELES CA 90067
US

Mailing Address

1840 CENTURY PARK EAST
LOS ANGELES CA 90067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME MCKENZIE, GARY W
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE T ☐ Delete
NAME STANFORD, JAMES L
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE AS ☐ Delete
NAME SALMAS, KATHLEEN
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE S ☐ Delete
NAME MULLAN, JOHN H
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE P ☐ Delete
NAME MYERS, ALBERT F
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE VP ☐ Delete
NAME WRIGHT, SANDRY J
STREET ADDRESS 1840 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA 90067

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN H. MULLAN, SECRETARY

03/13/2006

(310) 201-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAR 29 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/05)

4. FEI Number 95-2277760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required