

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G25771 (8)**

1. Corporation Name
GRUMMAN TECHNICAL SERVICES, INC.



Principal Place of Business: **21 N.W. 44TH ST. LAWTON OK 73505**
Mailing Address: **P.O. BOX 106 LAWTON OK 73502**

3. Date Incorporated or Qualified: **02/28/1983**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2266555**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HAISE, FRED, JR. STREET ADDRESS: 21 NW 44TH ST. CITY-ST-ZIP: LAWTON OK 73505	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Hobbs, Gary P 1.3 STREET ADDRESS: 21 NW 44th St 1.4 CITY-ST-ZIP: Lawton, OK 73505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ANDERSON, HERBERT W STREET ADDRESS: 1111 STEWART AVE. CITY-ST-ZIP: BETHPAGE NY 11714	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: GIBBONS, SHEILA M STREET ADDRESS: 1840 CENTURY PARK E. CITY-ST-ZIP: LOS ANGELES CA 90067	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S 3.2 NAME: Johnson, James C 3.3 STREET ADDRESS: 1840 Century Park East 3.4 CITY-ST-ZIP: Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GIBBS, NELSON F STREET ADDRESS: 1840 CENTURY PARK E. CITY-ST-ZIP: LOS ANGELES CA 90067	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GANDOLFO, PHILIP STREET ADDRESS: 1111 STEWART AVE. CITY-ST-ZIP: BETHPAGE NY 11714	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: T 5.2 NAME: Movius, Stephen C 5.3 STREET ADDRESS: 1111 Stewart Ave 5.4 CITY-ST-ZIP: Bethpage, NY 11714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary P. Hobbs* **GARY P. HOBBS** 18 MAR 96 703-713-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)