

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G25771 (8)

1. Corporation Name
GRUMMAN TECHNICAL SERVICES, INC.



Principal Place of Business 21 N.W. 44TH ST. LAWTON OK 73505	Mailing Address 1840 CENTURY PARK EAST LOS ANGELES CA 90067 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/28/1983	
4. FEI Number 59-2266555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 (P.O. Box Number is Not Acceptable)	
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOBBS, GARY P	
STREET ADDRESS	21 NW 44TH ST	
CITY-ST-ZIP	LAWTON OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, HERBERT W	
STREET ADDRESS	1111 STEWART AVE.	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES C	
STREET ADDRESS	1840 CENTURY PARK E.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, NELSON F	
STREET ADDRESS	1840 CENTURY PARK E.	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOVIUS, STEPHEN C	
STREET ADDRESS	1111 STEWART AVE.	
CITY-ST-ZIP	BETHPAGE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hobbs Gary P.	
1.3 STREET ADDRESS	2411 Dulles Corner Park, Suite 400	
1.4 CITY-ST-ZIP	Herndon, VA 20171-3430	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anderson, Herbert W.	
2.3 STREET ADDRESS	2411 Dulles Corner Park, Suite 400	
2.4 CITY-ST-ZIP	Herndon, VA 20171-3430	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Movius, Stephen C.	
5.3 STREET ADDRESS	2411 Dulles Corner Park, Suite 400	
5.4 CITY-ST-ZIP	Herndon, VA 20171-3430	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  A. M. Roth 4/30/98 (310)201-3074

CR2E034 (10/97)