

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G25771**

1. Entity Name
NORTHROP GRUMMAN INFORMATION TECHNOLOGY INTERNATIONAL, INC.

Principal Place of Business
**1840 CENTURY PARK EAST
LOS ANGELES CA 90067
US**

Mailing Address
**C/O NORTHROP GRUMMAN CORP
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

4. FEI Number **59-2266555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD ANDERSON, HERBERT W**
STREET ADDRESS **2411 DULLES CORNER PARK #400**
CITY-ST-ZIP **HERNDON VA 20171**

TITLE ☐ Change ☐ Addition
NAME **500008328750**
STREET ADDRESS **-10/11/02--01027--007**
CITY-ST-ZIP ******750.00 ****750.00**

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

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

TITLE ☐ Delete
NAME **TCFO MOVIOUS, STEPHEN C**
STREET ADDRESS **2411 DULLES CORNER PARK**
CITY-ST-ZIP **HERNDON VA 20171**

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

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

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

TITLE ☐ Delete
NAME **AS POPE, RALPH**
STREET ADDRESS **2411 DULLES CORNER PARK**
CITY-ST-ZIP **HERNDON VA 20171**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Mullan, Secretary

9/16/02

310-201-3416

Date Daytime Phone #

FILED

02 OCT -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

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