


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State


08-28-2006 90003 018 ***150.00

DOCUMENT # G25771 1. Entity Name NORTHROP GRUMMAN INFORMATION TECHNOLOGY INTERNATIONAL, INC.	
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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
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DO NOT WRITE IN THIS SPACE

50026533



08082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2266555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEILL, JAMES R 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLAN, JOHN H 1840 CENTURY PARK E. LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SALMAS, KATHLEEN M 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POPE, RALPH 2411 DULLES CORNER PARK HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKENZIE, GARY W 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Kathleen M. Salmas* **Kathleen M. Salmas** 8/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____