

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06109 (3)**  
 1. Corporation Name  
**NORTHROP GRUMMAN CORPORATION**



Principal Place of Business <b>1840 CENTURY PARK EAST LOS ANGELES CA 90067-1578</b>	Mailing Address <b>1840 CENTURY PARK EAST LOS ANGELES CA 90067-2101</b>
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3. Date Incorporated or Qualified <b>05/20/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-1055798</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	DVP	<input type="checkbox"/> DELETE
NAME	SOLBERG, WALLACE	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KRESA, KENT	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAUGH, RICHARD B JR	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELKIN, MARVIN	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES C.	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, RICHARD	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Borsting, Jack R.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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: James C. Johnson **James C. Johnson** Secretary Date 4/28/97 Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)