


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # P06109
1. Entity Name
NORTHROP GRUMMAN SYSTEMS CORPORATION



Principal Place of Business
1840 CENTURY PARK EAST
LOS ANGELES, CA 90067-1578

Mailing Address
1840 CENTURY PARK EAST
LOS ANGELES, CA 90067-1578

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-1055798	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

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCKENZIE, GARY W 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ALBERT F 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SALMAS, KATHLEEN M 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, JAMES L 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO SUDAR, RONALD D 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPP ANDERSON, HERBERT W 1840 CENTURY PARK EAST LOS ANGELES, CA 90067

100058535431
08/12/05--01059--005 **\$550.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Mckelme 7/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #