


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-28-2006 90003 020 ***150.00

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			
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 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			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		
			State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, GARY W	NAME			
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, ALBERT F	NAME			
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP			
TITLE	DAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALMAS, KATHLEEN M	NAME			
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP			
TITLE	T / Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANFORD, JAMES L	NAME			
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP			
TITLE	PCOO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUGAR, RONALD D	NAME			
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP			
TITLE	CVRP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, HERBERT W	NAME	James R. O'Neill		
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	VP		
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	1840 Century Park East		
			Los Angeles, CA 90067		
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: <i>Kathleen M. Salmas</i> Kathleen M. Salmas			8/8/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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