

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06109

FILED
Apr 29, 2011
Secretary of State

Entity Name: NORTHROP GRUMMAN SYSTEMS CORPORATION

Current Principal Place of Business:

1840 CENTURY PARK EAST
LOS ANGELES, CA 900671578

New Principal Place of Business:

Current Mailing Address:

1840 CENTURY PARK EAST
LOS ANGELES, CA 900671578

New Mailing Address:

FEI Number: 95-1055798 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: ERVIN, GARY W
Address: 1840 CENTURY PARK EAST
City-St-Zip: LOS ANGELES, CA 90067

Title: DS
Name: SALMAS, KATHLEEN M
Address: 1840 CENTURY PARK EAST
City-St-Zip: LOS ANGELES, CA 90067

Title: DPT
Name: RABINOWITZ, MARK
Address: 1840 CENTURY PARK EAST
City-St-Zip: LOS ANGELES, CA 90067

Title: VP
Name: MILLS, LINDA A
Address: 1840 CENTURY PARK EAST
City-St-Zip: LOS ANGELES, CA 90067

Title: OSM
Name: DIGRUTTOLO, NICHOLAS PSM
Address: 4500 NW 27TH AVE, D-1
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP
Name: CA, JAMES L
Address: 1840 CENTURY PARK EAST
City-St-Zip: LOS ANGELES, CA 90067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M. SALMAS

SECR

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date