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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 677713

1. Corporation Name

GRUMMAN ST. AUGUSTINE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 07/03/1980
3a. Date of Last Report: 05/01/94

2. Principal Place of Business	2a. Mailing Address
21 US ROUTE 1 NORTH	26 TAX DEPARTMENT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1840 CENTURY PARK EAST
City & State 23 ST. AUGUSTINE, FL	City & State 28 LOS ANGELES, CA
Zip 24 32085 / County 25 ST. JOHNS	Zip 29 90067-2199 / Country 30 LOS ANGELES

4. FEI Number: 58-1406061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D VERDEROSA, ALBERT 1111 STEWART AVE BETHPAGE, NY	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D DENIEN, ROBERT H. 1111 STEWART AVE BETHPAGE, NY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POLANSKY, MICHAEL D. 1111 STEWART AVE BETHPAGE, NY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S GIBBONS, SHEILA M. 1840 CENTURY PARK EAST LOS ANGELES, CA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGRATH, THOMAS J. 1111 STEWART AVE BETHPAGE, NY	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D BOYER, BRIAN E. 1111 STEWART AVE BETHPAGE, NY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENIEN, ROBERT H. 1111 STEWART AVE BETHPAGE, NY	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D WILSON, JOSEPH JR. 1111 STEWART AVE BETHPAGE, NY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	AS JOSIAH, STEPHANIE 1111 STEWART AVE, BETHPAGE, NY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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.

PERMIT FILED BY MAY 1

SIGNATURE: M. ROTH, ASST. TREASURER-TAX NORTHROP GRUMMAN CORP. 6/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #