FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 677713 (0)

1. Corporation Name
GRUMMAN ST. AUGUSTINE CORPORATION

Principal Place of Business
US ROUTE 1. NORTH
ST. AUGUSTINE FL 32085
US

Mailing Address
TAX DEPARTMENT
1840 CENTURY PARK EAST
LOS ANGELES CA 90067-2199
US

3. Date Incorporated or Qualified: 07/03/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1406061 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

10. Name and Address of New Registered Agent
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DENIEN, ROBERT H	
STREET ADDRESS	1111 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY	
TITLE	S	☐ DELETE
NAME	GIBBONS, SHEILA M	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	☐ DELETE
NAME	BOYER, BRIAN E	
STREET ADDRESS	1111 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY	
TITLE	D	☐ DELETE
NAME	WILSON, JOSEPH JR.	
STREET ADDRESS	1111 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY	
TITLE	AS	☒ DELETE
NAME	JOSIAH, STEPHANIE	
STREET ADDRESS	1111 STEWART AVENUE	
CITY-ST-ZIP	BETHPAGE NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Vincent G. DeStefano	
1.3 STREET ADDRESS	One Northrop Ave	
1.4 CITY-ST-ZIP	Hawthorne, CA 90250	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	James C. Johnson	
2.3 STREET ADDRESS	1840 Century Park East	
2.4 CITY-ST-ZIP	Los Angeles, CA 90067	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] James C. Johnson 4/26/96 (310)201-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Day Time Phone #