

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-28-2006 90003 019 \*\*\*150.00

<b>DOCUMENT # 805181</b>					
<b>1. Entity Name</b> NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP.					
<b>Principal Place of Business</b> 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 US			<b>Mailing Address</b> P.O. BOX 601047 LOS ANGELES, CA 90060-1047		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1840 Century Park East			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Los Angeles, CA			
Zip	Country	Zip 90067	Country USA	<b>4. FEI Number</b> 34-0575430	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PCEO <b>NAME</b> MYERS, ALBERT F <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Sanford, James L. <b>STREET ADDRESS</b> 1840 Century Park East <b>CITY-ST-ZIP</b> Los Angeles, CA 90067	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> MCKENZIE, GARY W <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MULLAN, JOHN H <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SALMAS, KATHLEEN M <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SANFORD, JAMES L <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> COONS, ANN M <b>STREET ADDRESS</b> 1840 CENTURY PARK EAST <b>CITY-ST-ZIP</b> LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <b>Kathleen M. Salmas, Secretary</b> 7/28/2006 310-3016					

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07252006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
34-0575430

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Street Address (P.O. Box Number is Not Acceptable)

City

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.**

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**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

**9. Election Campaign Financing** ☐ **\$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**  
PCEO  
**NAME**  
MYERS, ALBERT F  
**STREET ADDRESS**  
1840 CENTURY PARK EAST  
**CITY-ST-ZIP**  
LOS ANGELES, CA 90067

☒ Delete

**TITLE**  
President  
**NAME**  
Sanford, James L.  
**STREET ADDRESS**  
1840 Century Park East  
**CITY-ST-ZIP**  
Los Angeles, CA 90067

☒ Change ☒ Addition

**TITLE**  
VPD  
**NAME**  
MCKENZIE, GARY W  
**STREET ADDRESS**  
1840 CENTURY PARK EAST  
**CITY-ST-ZIP**  
LOS ANGELES, CA 90067

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
D  
**NAME**  
MULLAN, JOHN H  
**STREET ADDRESS**  
1840 CENTURY PARK EAST  
**CITY-ST-ZIP**  
LOS ANGELES, CA 90067

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
S  
**NAME**  
SALMAS, KATHLEEN M  
**STREET ADDRESS**  
1840 CENTURY PARK EAST  
**CITY-ST-ZIP**  
LOS ANGELES, CA 90067

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
T  
**NAME**  
SANFORD, JAMES L  
**STREET ADDRESS**  
1840 CENTURY PARK EAST  
**CITY-ST-ZIP**  
LOS ANGELES, CA 90067

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**SIGNATURE:** **Kathleen M. Salmas, Secretary** 7/28/2006 310-3016