

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**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

**DOCUMENT # 822975**  
1. Corporation Name

**GRUMMAN AEROSPACE CORPORATION**

Principal Place of Business Mailing Address

1111 STEWART AVENUE  
BETHPAGE, NY 11714

500001531165

-07/06/95--01071--012

DO NOT WRITE IN THIS SPACE \*\*\*200.00 \*\*\*200.00

3. Date Incorporated or Qualified 06/27/1969  
3a. Date of Last Report 05/01/1994

2. Principal Place of Business		2a. Mailing Address	
21	TAX DEPARTMENT	26	TAX DEPARTMENT
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	1840 CENTURY PARK EAST	27	1840 CENTURY PARK EAST
City & State		City & State	
23	LOS ANGELES, CA	28	LOS ANGELES, CA
Zip		Zip	
24	90067-2199	29	90067-2199
Country		Country	
25	LOS ANGELES	30	LOS ANGELES

4. FEI Number	Applied For
11-2192006	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
	FL

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

Signature (Typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDEROSA, ALBERT	1.2 NAME	HARRISON, JOHN E.
STREET ADDRESS	1111 STEWART AVE, BETHPAGE, NY	1.3 STREET ADDRESS	1111 STEWART AVE, BETHPAGE, NY
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSOLINI, JACOB JR.	2.2 NAME	ANDERSON, HERBERT W.
STREET ADDRESS	599 CALEDONIA ROAD	2.3 STREET ADDRESS	1111 STEWART AVE, BETHPAGE, NY
CITY - ST - ZIP	DIX HILLS, NY	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY, WESLEY G.	3.2 NAME	
STREET ADDRESS	124 LILLIAN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NESCONSET, NY	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANSKY, MICHAEL	4.2 NAME	GIBBONS, SHIELA M.
STREET ADDRESS	62 SYLVIA LANE	4.3 STREET ADDRESS	1840 CENTURY PARK EAST
CITY - ST - ZIP	PLAINVIEW, NY	4.4 CITY - ST - ZIP	LOS ANGELES, CA
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY KOBAYASHI

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 the 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: *M. Roth* M. ROTH, ASST. TREASURER-TAXES, NORTHROP GRUMMAN CORP 6/7/1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #