

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 # 822975 (9)

1. Corporation Name

GRUMMAN AEROSPACE CORPORATION



Principal Place of Business

Mailing Address

1111 STEWART AVENUE
BETHPAGE NY 11714
US

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

3. Date Incorporated or Qualified

06/27/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

11-2192006

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

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 ☐ DELETE
NAME CD
HARRISON, JOHN E
STREET ADDRESS 1111 STEWART AVE.
CITY-ST-ZIP BETHPAGE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
ANDERSON, HERBERT W
STREET ADDRESS 1111 STEWART AVE.
CITY-ST-ZIP BETHPAGE NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
OGLESBY, WESLEY G.
STREET ADDRESS 124 LILLIAN ROAD
CITY-ST-ZIP NESCONSET NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
GIBBONS, SHIELA M
STREET ADDRESS 1940 CENTURY PARK EAST
CITY-ST-ZIP LOS ANGELES CA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME James C. Johnson
4.3 STREET ADDRESS 1840 Century Park East
4.4 CITY-ST-ZIP Los Angeles, CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Nelson F. Gibbs
5.3 STREET ADDRESS 1840 Century Park East
5.4 CITY-ST-ZIP Los Angeles, CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Mitchell D. Mroz
6.3 STREET ADDRESS South Oyster Bay Road
6.4 CITY-ST-ZIP Bethpage, NY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Johnson

4/25/96

(310)201-3074

Date

Daytime Phone #

CR2E034 (12/95)