


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0148096 AB

DOCUMENT # 827257 1. Entity Name LITTON SYSTEMS, INC.	
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FILED
03 SEP -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1840 CENTURY PARK EAST LOS ANGELES CA 90067 US	Mailing Address 21240 BURBANK BLVD WOODLAND HILLS CA 91367-6675 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1840 Century Park East Suite, Apt. #, etc.
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City & State Los Angeles, CA	4. FEI Number 95-2277760 Applied For <input type="checkbox"/> Not Applicable
Zip 90067 Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE *Scott Ferraro* *Scott Ferraro, Asst. Secy* *9/5/03*

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

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANDENBERG, FRANK G 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, ALBERT F 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, JAMES L. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SALMAS, KATHLEEN 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800022886708 09/09/03--01073--015 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLAN, JOHN H 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ALBERT F 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, W BURKS 1840 CENTURY PARK EAST LOS ANGELES CA 90067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <u><i>John H. Mullan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 9/3/2003 Daytime Phone # 310 201-3237
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CR2E034 (4/03)