

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 841743					
1. Entity Name NORTHROP GRUMMAN INFORMATION TECHNOLOGY, INC.					
Principal Place of Business 2411 DULLES CORNER PARK SUITE 500 HERNDON, VA 20171 US			Mailing Address 2411 DULLES CORNER PARK SUITE 500 HERNDON, VA 20171 US		
2. Principal Place of Business 1840 Century Park East Suite, Apt. #, etc.		3. Mailing Address 1840 Century Park East Suite, Apt. #, etc.			
City & State Los Angeles, CA 90067 Zip Country US		City & State Los Angeles, CA 90067 Zip Country US		4. FEI Number 95-2126773	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07122005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ANDERSON, HERBERT W. STREET ADDRESS 2411 DULLES CORNER PARK #800 CITY-ST-ZIP HERNDON, VA 20171	<input checked="" type="checkbox"/> Delete		TITLE PD NAME James R. O'Neill STREET ADDRESS 1840 Century Park East CITY-ST-ZIP Los Angeles, CA 90067	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME GAGEN, MARK R STREET ADDRESS 2411 DULLES CORNER PARK #800 CITY-ST-ZIP HERNDON, VA 20171	<input type="checkbox"/> Delete		TITLE Treasurer NAME James L. Sanford STREET ADDRESS 1840 Century Park East CITY-ST-ZIP Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MULLAN, JOHN H STREET ADDRESS 1840 CENTURY PARK EAST CITY-ST-ZIP LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		TITLE Assis. Secretary NAME Kathleen M. Salmas STREET ADDRESS 1840 Century Park East CITY-ST-ZIP Los Angeles, CA 90067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME CARRIER, WILLIAM S STREET ADDRESS 2411 DULLES CORNER PKWY CITY-ST-ZIP HERNDON, VA 20171	<input type="checkbox"/> Delete		300058535413 08/12/05--01059--005 **550.00		
TITLE V NAME SHUMAN, JEFF S STREET ADDRESS 2411 DULLES CORNER PARK CITY-ST-ZIP HERNDON, VA 20171	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V and Director NAME MCKENZIE, GARY W STREET ADDRESS 1840 CENTURY PARK EAST CITY-ST-ZIP LOS ANGELOS, CA 90067	<input type="checkbox"/> Delete		<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>Kathleen M. Salmas</u> Kathleen M. Salmas, Assistant Secretary					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

05 JUL 22 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7112105