

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90005 032 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 849087**

1. Corporation Name  
**LOGICON SYSCON, INC.**

Principal Place of Business  
**8110 GATEHOUSE ROAD  
FALLS CHURCH VA 22042-1212**

Mailing Address  
**3701 SKYPARK DR  
SUITE 200  
TORRANCE CA 90505  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/08/1981**

4. FEI Number

**52-0848039**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDEO  
WOODHULL, JOHN R  
3701 SKYPARK DR  
TORRANCE CA**

☐ DELETE

*See  
Attached*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ERICSON, NILS  
8110 GATEHOUSE RD  
FALL CHURCH VA**

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WEBSTER, RALPH L  
3701 SKYPARK DR  
TORRANCE CA**

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
MITCHELL, BENJAMIN E JR  
3701 SKYPARK DR  
TORRANCE CA**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MARCANTONIO, PALMER A  
8110 GATEHOUSE RD  
FALLS CHURCH VA**

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BENNETH, M D  
8110 GATEHOUSE RD  
FALLS CHURCH VA**

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/1/99 703-205-3260*

CR2E034 (11/98)

602209-9005-32  
849087

## Officers of Logicon Syscon

Northrop Grumman Corporation  
Corporate Office  
1840 Century Park East  
Los Angeles, CA 90067

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Nelson Gibbs, Director  
John H. Mullan, Secretary  
Kathleen M. Salmas, Assistant Secretary

Logicon, Inc (Principal Office)  
2411 Dulles Corner Park, Suite 800  
ATTN: Tax Manager — Jim Wasuka  
Herndon, VA 20171-3430

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Herbert W. Anderson, President & CEO  
Stephen C. Movius, VP, Business Management  
William S. Carrier, VP, Business Development  
Martin F. Clark, Jr., VP, HR & Admin

Logicon Syscon  
8110 Gatehouse Rd  
Falls Church, VA 22042

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James J. Perriello, President, Logicon Information Systems & Services  
Palmer Marcantonio, VP, F&A  
Gene Kakalec, VP, Business Development  
Michael Bennett, VP, Contracts & Purchasing  
D. Robertson, Dir., HR  
John Edwards, VP, Syscon Defense Systems\*\*  
B. Wattenberg, VP, Info. Tech. Services  
D. McNickle, VP, Enterprise Systems

\*\* [7117 Dalghren Rd, Dalghren, VA 22448\*\* [17117 Dalghren Rd, Dalghren, VA 22448]

**Federal ID:** 52-0848039