


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000005651</b>	
1. Entity Name NORTHROP GRUMMAN ADVANCED INFORMATION SYSTEMS, INC.	

Principal Place of Business 1840 CENTURY PARK EAST LOS ANGELES, CA 90067	Mailing Address 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1088318	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000059651 02/23/04-80009-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, HERBERT W 2411 DULLES CORNER PK STE 500 HERNDON, VA 20172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCKENZIE, GARY W 1840 CNETURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, SANDRA J 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLAN, JOHN H 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGEN, MARK 2411 DULLES CORNER PD STE 500 HERNDON, VA 90172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, JAMES L 1840 CENTURY PARK EAST LOS ANGELES, CA 90067

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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.

<b>SIGNATURE:</b> 	John H. Mullan	2/2/04	310 553 6262
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>