## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APR 0 5 2005

DOCUMENT # F0000005651  1. Entity Name  NORTHROP GRUMMAN ADVANCED INFORMATION SYSTEMS, INC.						F1'	LED 27 PM	ų: 03			
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Principal Place of Business		Mailing Address				es Chit.	1.77555	FOKIDH.			
		LOS ANGELES CA 900	CENTURY PARK EAST NGELES CA 90067			05 APR SECSAL					
2. Principal F	Place of Business	3. Mailing Address							<b> </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				15	MOORE	CR2E0	34 (10/0	4)	
City & Stat	ė	City & State				4. FEI Numb	er 62-1088	3318			olied For Applicable
Zip	Country	Zip	Country	у		5. Certificate	of Status Desi	red 📋	\$8.75	Addit	ional
	6. Name and Address of Current R	egistered Agent			l	7. Name and	Address of N	ew Register	Fee Re	quired	
-		<u></u>		Name	•			<b>y</b>			
120	CORPORATION SYSTEM 0 SOUTH PINE ISLAND RD. .NTATION FL 33324			Street A	ddress (F	P.O. Box Numb	er is Not Acce	otable)			
1 6	INTATION L 33324										
				City		<del> • ••• • • • • • • • • • • • • • • •</del>		F	Zip	Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or	registere	ed agent, or bo	th, in the State	of Florida. Ta	am familiar	with, a	nd accept
SIGNATURE .	Signature, typed or printed name of registered agent an	nd tille if applicable (NOTE	Begistered A	Agent signatu	ute required	when reinstaling)		DAT	·¢		
F	Signature, typed or printed name of registered agent an	nd title if applicable (NOTE	E Registered A	Agent signatu	behinder er	when reinstaling)	9 Flection (	DAT		\$5 A	O May Bo
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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 trifstee 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: \_

JOHN H MULLAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2005

(310) 201-3081

Daytime Phor