

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90028 004 ***150.00

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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**

50025897



07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1088318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	O'NEILL, JAMES R
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	DVP
NAME	MCKENZIE, GARY W
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VP
NAME	WRIGHT, SANDRA J
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	S
NAME	MULLAN, JOHN H
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	D
NAME	GAGEN, MARK
STREET ADDRESS	2411 DULLES CORNER PD STE 500
CITY-ST-ZIP	HERNDON, VA 90172
TITLE	T
NAME	SANFORD, JAMES L
STREET ADDRESS	1840 CENTURY PARK EAST
CITY-ST-ZIP	LOS ANGELES, CA 90067

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JOHN H MULLAN, SECRETARY

JULY 28, 2006

(310) 201-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #