## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 24, 2004 8:00 am Secretary of State 02-24-2004 90017 023 \*\*\*150.00 DOCUMENT # F02000002589 NORTHROP GRUMMAN SHIP SYSTEMS, INC. DAULUURU Principal Place of Business Mailing Address **1840 CENTURY PARK EAST 1840 CENTURY PARK EAST** LOS ANGELES, CA 90067-2199 LOS ANGELES, CA 90067-2199 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 94-3041767 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ Delete TITLE TITLE ☐ Change MYERS, ALBERT F WRIGHT, DAVID B NAME NAME 1840 CENTURY PARK E. STREET ADDRESS 1000 LITTON ACCESS ROAD STREET ADDRESS LOS ANGELES, CA 90067 CITY-ST-ZIP PASCAGOULA, MS 39567 CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change MCKENZIE, GARY W ARLEDGE, JOHN C III NAME NAME 1840 CENTURY PARK E. STREET ADDRESS 1000 LITTON ACCESS ROAD STREET ADDRESS CITY-ST-7IP PASCAGOULA, MS 39567 CITY-ST-ZIP LOS\_ANGELES, CA 90067 TITLE ☐ Delete TITLE ☐ Change Addition NAME MULLAN, JOHN H NAME 1840 1840 CENTURY PARK EAST STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90067 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DUR, PHILIP A NAME NAME STREET ADDRESS 1000 LITTON ACCESS ROAD STREET ADDRESS CITY-ST-ZIP PASCAGOULA, MS 39567 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME FONTAINE, L. DOUG NAME STREET ADDRESS 1000 LITTON ACCESS ROAD STREET ADDRESS PASCAGOULA, MS 39567 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition FORTENBERRY, ANN R NAME NAME STREET ADDRESS 1000 LITTON ACCESS ROAD STREET ADDRESS. CITY-ST-ZIP PASCAGOULA, MS 39567 CITY-ST-ZIP 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.

**FILED** 

Daytime Phone #

John H. Mullan

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE