EOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

| 1. Entity Nam | MENT # F020000025 | V | | | 05-01-2003 90780 | 027 ***150.00 | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|-----------------------------------|--|
| | DO NOT WRITE | | PACE | | 6 | 0025874 | |
| | Place of Business NTURY PARK EAST | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite. Apt. #, etc. | | | OO NOT WRITE IN THIS SPACE | | |
| City & State LOS ANGELES, CA | | City & State | | | 4. FEI Number 94-3041767 | Applied For Not Applicable | |
| Zip 90067-21 | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | | | | | 7. Name and Address of Current Registered | Agent | |
| DO NOT WHITE | | | | Name C T CORPORATION SYSTEM | | | |
| | DO NOT W | | Street | Address (I | P.O. Box Number is Not Acceptable) | | |
| | IN THIS SP | ACE | 1200 | SOUT | H PINE ISLAND ROAD | | |
| | | | City F | LANTA | ATION FL | Zip Code 33324 | |
| the obligat | Signature, typed or printed name of registered egent of nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of | and file if applicable. (NOT | E: Registared Agent sign | _ | d when reinstaing) DATE 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be | |
| 10. | OFFICERS AND | | 2.5 | | | | |
| TITLE: NAME STREET ADDRESS CITY-ST-ZIP | See attached list | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | · | | TITLE' NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | , | NAMÉ STREET ADDRESS CITY ST-ZIP | | DO NOT WRI | TE (| |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPAC |)E | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME | | | TITLE NAME | | | | |

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 cath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

John H. Mullan, Secretary

04/29/2003

(310) 201-3081

Date

Daytime Phone #



Officers and Directors of

Northrop Grumman Ship Systems, Inc.

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Director

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Director

Primary Address:

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9. 1 1 ...

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