

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra L. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000000218</b>			
1. Corporation Name <b>GRUMMAN DATA SYSTEMS CORPORATION</b>			
Principal Place of Business <b>1111 STEWART AVENUE BETHPAGE, NY 11714 US</b>		Mailing Address <b>TAX DEPARTMENT 1840 CENTURY PARK EAST LOS ANGELES, CA 90067</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>05/06/69</b>		3a. Date of Last Report <b>05/01/95</b>	
4. FEI Number <b>11-2192399</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City <b>FL</b> <b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>PRESIDENT</b>	NAME <b>HERBERT W. ANDERSON</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>1111 STEWART AVENUE</b>			
CITY-ST-ZIP <b>BETHPAGE NY 11714</b>			
TITLE <b>CHIEF FINANCIAL OFFICER</b>	NAME <b>STEPHEN C. MOVIUS</b>	<input checked="" type="checkbox"/> DELETE	
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TITLE <b>ASSISTANT SECRETARY</b>	NAME <b>PATRICK KILLIAN</b>	<input checked="" type="checkbox"/> DELETE	
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