

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

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000218

1. Corporation Name

GRUMMAN DATA SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

1111 STEWART AVENUE  
BETHPAGE, NY 11714  
US

TAX DEPARTMENT  
1840 CENTURY PARK EAST  
LOS ANGELES, CA 90067

3. Date Incorporated or Qualified  
05/06/69

3a. Date of Last Report  
05/01/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number  
11-2192399

Applied For  
Not Applicable

5. Certificate of Status Desired j

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution j

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes j Yes j No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT j DELETE  
NAME HERBERT W. ANDERSON  
STREET ADDRESS 1111 STEWART AVENUE  
CITY-ST-ZIP BETHPAGE NY 11714

1.1 TITLE j Change j Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CHIEF FINANCIAL OFFICER j DELETE  
NAME STEPHEN C. MOVIUS  
STREET ADDRESS 1840 CENTURY PARK EAST  
CITY-ST-ZIP LOS ANGELES CA 90067

2.1 TITLE j Change j Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SECRETARY j DELETE  
NAME JAMES C. JOHNSON  
STREET ADDRESS 1840 CENTURY PARK EAST  
CITY-ST-ZIP LOS ANGELES CA 90067

3.1 TITLE j Change j Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ASSISTANT SECRETARY j DELETE  
NAME PATRICK KILLIAN  
STREET ADDRESS 1840 CENTURY PARK EAST  
CITY-ST-ZIP LOS ANGELES CA 90067

4.1 TITLE j Change j Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE j DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE j DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE j Change j Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James C. Johnson* JAMES C. JOHNSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

Date

Daytime Phone #

CR2E034 (1/2/95)

AC 5/1/96