FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003464

1. Corporation Name

NORTHROP GRUMMAN ELECTRONICS SYSTEMS INTEGRATION INTERNATIONAL, INC.

Principal Place of Business
1840 CENTURY PARK EAST LOS ANGELES CA 90067
LOS ANGELES CA 90067

Mailine Address

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90016 020 ***150.00



Principal Place	e of Business	Mailing Address						
1840 CENTURY PARK EAST LOS ANGELES CA 90067		TAX DEPARTMENT 1840 CENTURY PARK EAST LOS ANGELES CA 90067-2101			DO NOT	WRITE IN THIS SPAC	Œ	
		EGG MIGDECT ON OGGS. 210.			3. Date Incorporated or Qua	lifed		
					07/09/1996			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applie	d For
¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					74-2142630		Not A	pplicable
21 26 Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desir	_ \$8	.75 Addi	itional
	<i>m</i> , 616.	27	–			od 11 T*	ee Requi	
22 27 City & State					-6Election Campaign Finan	cina ¢	5.00 ма	- Ba
·	28			Trust Fund Contribution	, in section 1	dded to F		
			Country	,	8. This corporation owes the	current year Intangible		
······································	25 29 30				Personal Property Tax.	□ Ye		No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of N	lew Registered Agent	1	
	5. Name and Address of Curren	(Legistered Serie	81	Name				_
CIT	CORPORATION SYSTEM							
	SOUTH PINE ISLAND ROAD		82	Street A	ddress (P.O. Box Number is Not Ac	ceptable)		Į.
	NTATION FL 33324		83	 				
, 04	TATION I E 30024		63					
			84	City		FL 85	Zip Cod	le
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named c	orporation submits this statement for	or the purpose of chang	ing its reg	istered
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orizea ov	the convor	ation's board of directors. I hereby	accept the appointmen	t as regist	ered
SIGNATURE						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature req	quired when reinstating) ADDITIONS/CHANGES T		RECTORS	3 IN 12
12.	OFFICERS AND DIRECTORS 13.			Т				X Addition
TITLE	DP	E DELETE	1,1 TITLE		JAMES G. ROCHE	_	go	
NAME	HARRISON, JOHN E		1.2 NAME	i i	1840 CENTURY PARK I)
STREET ADDRESS	1840 CENTURY PARK EAST		1.3 STREE	TADDRESS .	LOS ANGELES, CALIF	. 90067		
CITY-ST-ZIP	LOS ANGELES CA 90067		1.4 CITY-S	T-ZIP			 [C Addition
TITLE	AS	▼ DELETE	2.1 TITLE		SECRETARY	<u>.</u> □ 0	hange [Addition
NAME	HOWELL, ERIC B		2.2 NAME		JOHN MULLAN	•		
STREET ADDRESS	1840 CENTURY PARK EAST		2.3 STREE	TADDRESS	1840 CENTURY PARK I	EAST		
_CITY_ST:ZIP			2. 4 CITY-		LOS ANGELES, CALIF	90067		
TITLE	V		3.1 TITLE	- =			hange	Addition
NAME	BREITFELLER, JOHN F		3.2 NAME					
STREET ADDRESS	1840 CENTURY PARK EAST		3.3 STREE	TADDRESS				1
CITY-ST-ZIP	LOS ANGELES CA 90067		3.4. CITY-	ST-ZIP				
TITLE	V	☐ DELETE	4.1 TITLE				hange	Addition
NAME	DANDRIDGE, MARTIN E		4.2 NAME					
STREET ADDRESS	Om 1514 54514 5467		43STRFF	TADDRESS				l
	LOS ANGELES CA 90067	•	4.4 CITY-5					1
CITY-ST-ZIP	LOS ANGELES CA SOUS!	□ DELETE	5.1 TITLE	,,-2=		П	hange ,	Addition
		0	5.2 NAME				- '	
NAME	<u> </u>			Į.				}
		ì	53 STREE	TADDRESS				
STREET ADDRESS			5.3 STREE					į
CITY-ST-ZIP		□ DELETE	5.4 CITY-S				hange	Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE				Change	Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME				hange	Addition

CITY-ST-ZIP 14. 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 annual report or supplemental arthual 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

John Mullan SIGNATURE AND TYPED OR PRINTED A PEDURED LEOF SIGNING OFFICER OR DIRECTOR

(310) 201-3053