2000 UNIFORM BUSINESS REPORT (UBR) F96000003464 DOCUMENT # May 31, 2000 8:00 am 1. Entity Name Secretary of State NORTHROP GRUMMAN ELECTRONICS SYSTEMS INTEGRATION 05-31-2000 90068 025 ***150.00 INTERNATIONAL, INC. Principal Place of Business Mailing Address 1840 Century Park East Tax Department Los Angeles, CA 90067 1840 Century Park East Los Angeles, CA 90067-2101 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 74-2142630 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change X Addition DP TITLE ☐ Delete TITLE SALMAS, KATHLEEN M NAME NAME ROCHE: JAMESSG? 1840 CENTURY PARK EAST STREET ADDRESS STREET ADDRESS 1840 CENTURY PARK EAST CITY-ST-ZIP LOS ANGELES, CA CITY-ST-7IP LOS ANGELES, CA Change Addition VP & CFO TITLE Delete TITLE BREITFELLER, JOHN F. CARRIER, LOUIS M NAME NAME 1840 CENTURY PARK EAST 1840 CENTURY PARK EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90067 LOS ANGLES, CA 90067 Change - - Addition -Delete TITLE TITLE NAME DANDRIDGE, MARTIN E. NAME STREET ADDRESS STREET ADDRESS 1840 CENTURY PARK EAST CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90067 Change Addition Delete TITLE SECRETARY NAME NAME MULLAN, JOHN STREET ADDRESS STREET ADDRESS 1840 CENTURY PARK EAST CITY-ST-ZIP CITY-ST-ZIP LOS ANCELES, CA 90067 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if chapter 607 are officer than the production of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered 310) 201-3393 SIGNATURE: <u>Kathleen M.</u> Salmas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR