

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000004434** ✓

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90103 043 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name Northrop Grumman Field Support Services, Inc.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 1840 Century Park East Los Angeles, CA 90067		Mailing Address Same			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-4589656	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS M. CARRIER		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM MORGAN		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATHLEEN SALMAS		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARD P. SACHS		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT E. SCHWARZZ		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT SEYMOUR		NAME		
STREET ADDRESS	1840 CENTURY PARK EAST		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA. 90067		CITY-ST-ZIP		
13. 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: KATHLEEN SALMAS			<i>Kathleen Salmas</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/25/00		
Daytime Phone #			Daytime Phone #		

CR2E034 (9/99)