


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004434 1. Entity Name NORTHROP GRUMMAN FIELD SUPPORT SERVICES, INC.	
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Principal Place of Business 1840 CENTURY PARK E LOS ANGELES, CA 90067	Mailing Address 1840 CENTURY PARK E ATTN: OFFICE OF THE SECRETARY LOS ANGELES, CA 90067
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07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4589656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SACHS, EDWARD P 1840 CENTURY PARK E LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEEL, PHILIP A 1840 CENTURY PARK E LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANFORD, JAMES L 1840 CENTURY PARK E LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JACKSON, PETER 1840 CENTURY PARK E LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLAN, JOHN H 1840 CENTURY PARK E LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, SCOTT 1840 CENTURY PARK E LOS ANGELES, CA 90067

<p>U010000375635 08/05/05-80001-011 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Kathleen M. Salmas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/13/05</u> <small>Date</small>	<small>Daytime Phone #</small>
Kathleen M. Salmas, Assistant Secretary		