


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90003 015 ***150.00

DOCUMENT # F96000006364		
1. Entity Name NORTHROP GRUMMAN COMPUTING SYSTEMS, INC.		

Principal Place of Business 1840 CENTURY PARK EAST LOS ANGELES, CA 90067	Mailing Address 1840 CENTURY PARK EAST LOS ANGELES, CA 90067
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082006 Chg-P CR2E034 (11/05)

4. FEI Number 52-1550631	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C.T. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCPT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ALBERT F	NAME	
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDFORD, JAMES L	NAME	
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, JAMES M	NAME	
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGEN, MARK	NAME	
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAN, JOHN H	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	MCKENZIE, GARY W	NAME	
STREET ADDRESS	1840 CENTURY PARK EAST	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90067	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen Malmos</i> Kathleen M. Selmes <i>9/8/06</i>	Date