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 # F9800000684

1. Corporation Name

LITTON ENTERPRISE SOLUTIONS, INC.

Principal	Place	of	Business
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Mailing Address

21240 BURBANK BLVD WOODLAND HILLS CA 91367 21240 BURBANK BLVD WOODLAND HILLS CA 91367

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 039 ***150.00



HOODENIE HELD ON OTOO				DO NOT WRITE IN THIS SPACE				
	V.				3. Date incorporated or Qualifed			
					02/05/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	-	Applied For	
5490	Canoga Avenue	26 5490 Canog	a Ave	enue	95-4662279	1	Not Applicable	
- Suite, Apt.					\$8.75	Additional		
22		27		•	5. Certifcate of Status Desired	- Fee l	Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
	Land Hills, CA	Woodland Hi	lls,	CA	Trust Fund Contribution		d to Fees	
Zip	Country	Žip	Country	, 	8. This corporation owes the current year In	tangible		
91367	7 [25] USA	29 91367 36	ີ່ ປຣ	A	Personal Property Tax.	☐ Yes	□No	
24 3 - 5 5 7	9. Name and Address of Current	_ 	1		10. Name and Address of New Registered	Agent		
			81	Name				
COR	PORATION SERVICE COMPANY		<u> </u>	ļ				
1201	HAYS STREET		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301-2525		83	 				
******	Tri race i'm area i'mara'.		63					
	gk St. S.A. Janes B. L. L. D. D. S.		84	City		85 Zij	Code	
	Parameter of the second				F <u>l</u>	- , ,		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the purpose of	i changing i	ts registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	์ Florida. Such change was auth กร of Section 607 0505. Florida	iorized by a Statutes	tne corpora	tion's board of directors. I hereby accept the appo	inument as	registereu	
	b							
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: Re	gistered Agei	nt signature requ	ired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12	
TITLE	P	⊠ DELETE	1.1 TITLE			Change	e 🔣 Addition	
NAME	MUNSON JR, ALDEN V		1.2 NAME	1	Erle, Jeffrey M.			
STREET ADDRESS	668 36TH STREET			TADDRESS -	17 Bayleaf Lane			
	MANHATTAN BEACH CA		1.4 CITY-S	-	Irvine, CA 92620			
CITY-SY-ZIP		DELETE	2.1 TITLE	11-21		□ Change	e	
TITLE	SD TOOLAGE AFANETTE M	C Becele						
NAME	THOMAS, JEANETTE M		2.2 NAME	1				
STREET ADDRESS		المعاصريان المستنبع رأ	2.3 STREE	TADDRESS		**	_	
CITY-ST-ZIP	MANHATTAN BEACH CA		2. 4 CITY-5	ST-ZIP				
TITLE	T	DELETE	3.1 TTLE			Change	e 🗌 Additior	
NAME	PAULSON, TIMOTHY G		3.2 NAME	ŀ				
STREET ADORESS	5454 SOUTH RIM STREET		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	WESTLAKE VILLAGE CA		3.4. C/TY-5	ST-ZiP				
TITLE	V	⊠ DELETE	4.1 TITLE	1	Assistant Secretary	Change	e 🔏 Additior	
NAME	BODURKA, HENRY T	_	4. 2 NAME		Gramont, John R. Jr.			
					490 Canoga Avenue			
STREET ADDRESS					<u> </u>	367		
CITY-ST-ZIP	LOS GATOS CA	X) DELETE	4.4 CITY-S	11-211	COULTING HILLIS, OR JI	☐ Chang	e Addition	
TITLE	V	€ DCCCIE	5.1 IIILE 5.2 NAME					
NAME	HOKE, S L	,	_	* * * * * * * * * * * * * * * * * * * *				
STREET ADDRESS	5935 NORA LYNN DR			TADDRESS				
CITY-ST-ZIP	WOODLAND HILLS CA		5.4 CITY-S	IT-ZIP				
TITLE	V	☐ DELETE	6.1 TITLE			Chang	e	
NAME	MARSHALL: JR; FRANK: C	İ	6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP	AGOLIRA CA		6.4 CITY-S	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 of supplemental finual 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 of 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 chapter or or an address with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

/ John R Gramont,

(818) 715-5614