

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90391 042 ***150.00

DOCUMENT # F98000002945

1. Entity Name
NORTHROP GRUMMAN PRB SYSTEMS, INC.



Principal Place of Business
**43865 AIRPORT VIEW DRIVE
HOLLYWOOD, MD 20636**

Mailing Address
**43865 AIRPORT VIEW DRIVE
HOLLYWOOD, MD 20636**

24030159



01232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-1097906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHADEGG, LAWRENCE M**
STREET ADDRESS **40944 LAKE & BRETON VIEW DRIVE**
CITY-ST-ZIP **LEONARDTOWN, MD 20650**

TITLE **TCBD** ☐ Delete
NAME **MYERS, ALBERT**
STREET ADDRESS **835 RESPOSADO DRIVE**
CITY-ST-ZIP **LA HABRA, CA 90631**

TITLE **VBD** ☐ Delete
NAME **MCKENZIE, GARY W**
STREET ADDRESS **1839 WESTRIDGE ROAD**
CITY-ST-ZIP **LOS ANGELES, CA 90049**

TITLE **D** ☒ Delete
NAME **ROUNKLES, JOE**
STREET ADDRESS **9823 NEWVILLE**
CITY-ST-ZIP **DOWNEY, CA 90240**

TITLE **S** ☐ Delete
NAME **MULLAN, JOHN H**
STREET ADDRESS **16664 CALLE JERMAINE**
CITY-ST-ZIP **PACIFIC PALISADES, CA 90272**

TITLE **VCFO** ☐ Delete
NAME **SCHUMACHER, WILLIAM C**
STREET ADDRESS **21125 CAMP COSOMA RD**
CITY-ST-ZIP **LEONARDTOWN, MD 20650**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Bd of Directors/Asst. Sec.** ☐ Change ☒ Addition
NAME **Kathleen M. Salmas**
STREET ADDRESS **595 33rd Street**
CITY-ST-ZIP **Manhattan Beach, CA 90266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William C. Schumacher

William C. Schumacher

1/23/04

301-373-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #