

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**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**



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000498795  
04/17/06-80020-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCHADEGG, LAWRENCE M
STREET ADDRESS	40944 LAKE & BRETON VIEW DRIVE
CITY-ST-ZIP	LEONARDTOWN, MD 20650
TITLE	CBOD
NAME	MYERS, ALBERT
STREET ADDRESS	835 RESPOSADO DRIVE
CITY-ST-ZIP	LA HABRA, CA 90631
TITLE	VBD
NAME	MCKENZIE, GARY W
STREET ADDRESS	1839 WESTRIDGE ROAD
CITY-ST-ZIP	LOS ANGELES, CA 90049
TITLE	DAS
NAME	SALMAS, KATHLEEN M
STREET ADDRESS	595 33RD STREET
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	S
NAME	MULLAN, JOHN H
STREET ADDRESS	16664 CALLE JERMAINE
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272
TITLE	VCFO
NAME	SCHUMACHER, WILLIAM C
STREET ADDRESS	21125 CAMP COSOMA RD
CITY-ST-ZIP	LEONARDTOWN, MD 20650

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/06 301 373-236**  
Date Daytime Phone #