


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1097906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	P SCHADEGG, LAWRENCE M 40944 LAKE & BRETON VIEW DRIVE LEONARDTOWN, MD 20650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD MYERS, ALBERT 835 RESPOSADO DRIVE LA HABRA, CA 90631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBD MCKENZIE, GARY W 1839 WESTRIDGE ROAD LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SALMAS, KATHLEEN M 595 33RD STREET MANHATTAN BEACH, CA 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLAN, JOHN H 16664 CALLE JERMAINE PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SCHUMACHER, WILLIAM C 21125 CAMP COSOMA RD LEONARDTOWN, MD 20650

U000000732216
05/09/07-80036-012 150.00

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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: William C. Schumacher 4/16/07 301-373-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #