

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1097906**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Schumacher 3-24-03 301-373-2360

Date

Daytime Phone #

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90397 017 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)