

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 012 ***150.00

DOCUMENT # F98000004320

1. Entity Name

Northrop Grumman Technical Services, Inc.

Principal Place of Business

1840 Century Park East
 Los Angeles, CA 90067

Mailing Address

1840 Century Park East
 Los Angeles, CA 90067

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

73-0934115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 South Pine Island Road
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONLEY, GREGORY	
STREET ADDRESS	2411 DULLES CORNER PARK, STE 800	
CITY-ST-ZIP	HERNDON, VA 20171	
TITLE	T/VPFO	<input type="checkbox"/> Delete
NAME	MOVIUS, STEPHEN C.	
STREET ADDRESS	2411 DULLES CORNER PARK, STE 800	
CITY-ST-ZIP	HERNDON, VA 20171	
TITLE	VP/HRA	<input type="checkbox"/> Delete
NAME	CLARK	
STREET ADDRESS	2411 DULLES CORNER PARK, STE 800	
CITY-ST-ZIP	HERNDON, VA 20171	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLAN, JOHN H.	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES, CA 20171	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SALMAS, KATHLEEN M.	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES, CA 90067	
TITLE	AT	<input type="checkbox"/> Delete
NAME	STRODE, DAVID H	
STREET ADDRESS	1840 CENTURY PARK EAST	
CITY-ST-ZIP	LOS ANGELES, CA 90067	

TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pope, Ralph K	
STREET ADDRESS	2411 Dulles Corner Park	
CITY-ST-ZIP	Herndon, VA 20171	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen M. Salmas
 KATHLEEN M. SALMAS/Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00

Date

(310) 201-3393

Daytime Phone #

CR2E034 (9/99)