


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90026 014 ***150.00

DOCUMENT # P25867		
1. Entity Name TRW SYSTEMS SERVICES COMPANY		
Principal Place of Business 1840 CENTURY PARK E. LOS ANGELES CA 90067 US		Mailing Address 1840 CENTURY PARK E. LOS ANGELES CA 90067 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 76-0286528		Applied For <input type="checkbox"/> 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 1200 S. PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTER, D C 12011 SUNSET HILLS RD RESTON VA 20190	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLAN, JOHN H 1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ALBERT E 1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MYERS, ALBERT F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, GARY W 1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALMAS, KATHLEEN M 1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STRAITS, LLOYD A 1840 CENTURY PARK EAST LOS ANGELES CA 90067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathleen M. Salmas* **KATHLEEN M. SALMAS** **03/18** /2005 **(310) 201-3495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20030837
#P 25867
Additional Officers of

TRW SYSTEMS SERVICES COMPANY

TITLE V/AS
NAME KLONTZ, MARSHA A
STREET ADDRESS 1840 CENTURY PARK EAST
City - ST - ZIP LOS ANGELES CA 90067

TITLE V/AS
NAME WEIGAND, KATHLEEN A
STREET ADDRESS 1840 CENTURY PARK EAST
City - ST - ZIP LOS ANGELES CA 90067

TITLE T
NAME SANFORD, JAMES L
STREET ADDRESS 1840 CENTURY PARK EAST
City - ST - ZIP LOS ANGELES CA 90067

TITLE AS
NAME COONS, ANN M
STREET ADDRESS 1840 CENTURY PARK EAST
City - ST - ZIP LOS ANGELES CA 90067