

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-21-2003 90106 047 ***550.00

FLORIDA AR

DOCUMENT # P25867

1. Entity Name
TRW SYSTEMS SERVICES COMPANY



Principal Place of Business
~~1110 NASA AVE ONE~~
~~300~~
~~HOUSTON TX 77058~~
US

Mailing Address
~~1900 RICHMOND RD~~
CLEVELAND OH 44124
~~US~~



2. Principal Place of Business
1840 CENTURY PARK E.

3. Mailing Address
1840 CENTURY PARK E.

Suite, Apt. #, etc.
~~1840 CENTURY PARK E.~~ CA

CHECK HERE IF MAKING CHANGES

City & State
LOS ANGELES, CA

4. FEI Number **76-0286528**

Applied For
Not Applicable

Zip **90067** Country **USA**

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB WINTER, D C 12011 SUNSET HILLS RD RESTON VA 20190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARREN, W.A. 1900 RICHMOND RD CLEVELAND OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CYPERT, H.E. JR. 12011 SUNSET HILLS RD. RESTON VA 20190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGO, R P 1900 RICHMOND RD CLEVELAND OH 44124 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SK KLONTZ, M.A. 1 FED SYSTEMS PARK DR FAIRFAX VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP WEIGAND, K A 1900 RICHMOND ROAD CLEVELAND OH 44124 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <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"/> Change <input checked="" 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"/> Change <input checked="" 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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.T STRAITS, LLOYD A. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 <input type="checkbox"/> Change <input checked="" 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: ~~SIGNATURE REQUIRED~~ *John H. Mullan, Director* **7/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (4/03)