

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33577** (8)

1. Corporation Name
GRUMMAN SYSTEMS SUPORT CORPORATION

Principal Place of Business 15200 OMEGA DRIVE, SUITE 110 ROCKVILLE MD 20850	Mailing Address 15200 OMEGA DRIVE, SUITE 110 ROCKVILLE MD 20850-3240
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 12/10/1996
				4. FEI Number 52-0997829	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULDERIG, JOSEPH P	1.2 NAME	Joseph P. Mulderig
STREET ADDRESS	10 ORVILLE DRIVE	1.3 STREET ADDRESS	10 Orville Drive
CITY-ST-ZIP	BOHEMIA NY 11716	1.4 CITY-ST-ZIP	Bohemia, NY 11716
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JAMES C	2.2 NAME	Stephen C. Movius
STREET ADDRESS	1840 CENTURY PARK EAST	2.3 STREET ADDRESS	2411 Dulles Corner Park
CITY-ST-ZIP	LOS ANGELES CA 90067	2.4 CITY-ST-ZIP	Herndon, VA 20171
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILLIAN, PATRICK O	3.2 NAME	Herbert W. Anderson
STREET ADDRESS	1840 CENTURY PARK EAST	3.3 STREET ADDRESS	2411 Dulles Corner Park
CITY-ST-ZIP	LOS ANGELES CA 90067	3.4 CITY-ST-ZIP	Herndon, VA 20171
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	Change <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HUGH E	4.2 NAME	Taylor, Hugh E.
STREET ADDRESS	1840 CENTURY PARK EAST	4.3 STREET ADDRESS	15200 Omega Drive #110
CITY-ST-ZIP	LOS ANGELES CA 90067	4.4 CITY-ST-ZIP	Rockville, Maryland 20850
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **HUGH E. TAYLOR** 3/25/97 (301) 417-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010600

CR2E034 (9/96)