

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P33577 1. Entity Name NORTHROP GRUMMAN COMMERCIAL INFORMATION SERVICES, INC.					
Principal Place of Business 814 W. DIAMOND AVENUE 3RD FLOOR, SUITE 350 GAITHERSBURG, MD 20878			Mailing Address 814 W. DIAMOND AVENUE 3RD FLOOR, SUITE 350 GAITHERSBURG, MD 20878		
2. Principal Place of Business 13825 SUNRISE VALLEY DR.		3. Mailing Address 13825 SUNRISE VALLEY DR.			
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. HERNDON, VA			
City & State HERNDON, VA		City & State HERNDON, VA			
Zip 20171		Country		Zip 20171	
Country		4. FEI Number 52-0997829			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HERBERT 2411 DULLES CORNER PARK HERNDON, VA 20171	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060188026 10/03/05--01057--016 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLAN, JOHN 1840 CENTURY PARK WEST LOS ANGELES, CA 90067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOVIUS, STEPHEN C. 2411 DULLES CORNER PRK HERNDON, VA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. RODRIGUEZ OCT 04 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, HUGH E 13825 SUNRISE VALLEY DR. HERNDON, VA 20171	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 9/29/05 Daytime Phone #: 703-713-4750					

FILED
05 OCT -3 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312005 REIN-P CR2E098 (6/04)