

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91067 018 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-0997829**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ANDERSON, HERBERT**
STREET ADDRESS **2411 DULLES CORNER PARK**
CITY-ST-ZIP **HERNDON VA 20171**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MULLAN, JOHN**
STREET ADDRESS **1840 CENTURY PARK WEST**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOVIUS, STEPHEN C.**
STREET ADDRESS **2411 DULLES CORNER PRK**
CITY-ST-ZIP **HERNDON VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **TAYLOR, HUGH E**
STREET ADDRESS **15825 SUNRISE VALLEY DR**
CITY-ST-ZIP **HERNDON VA 20171**

TITLE ☒ Change ☐ Addition
NAME **Address:**
STREET ADDRESS **13825 Sunrise Valley Dr.**
CITY-ST-ZIP **Herndon, VA 20171**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2003

Date

301-417-2900 x413

Daytime Phone #

CR2E034 (10/02)