

1.) CORPORATION NAME: <b>Northrop Grumman Enterprise Management ServicesCorp.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	DUE DATE: <b>6/30/2014</b> SCC ID NO: <b>F1865247</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>CAP</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	CAP	1,000
CLASS	AUTHORIZED				
CAP	1,000				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 2980 FAIRVIEW PARK DRIVE
CITY/ST/ZIP: FALLS CHURCH, VA 22042

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER T. JONES		
TITLE: PRESIDENT		
ADDRESS: 2980 FAIRVIEW PARK DRIVE		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM E. CARTY		
TITLE: VICE PRESIDENT		
ADDRESS: 2980 FAIRVIEW PARK DRIVE		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID S. HARVEY		
TITLE: VICE PRESIDENT		
ADDRESS: 2980 FAIRVIEW PARK DRIVE		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GREGORY A. SCHMIDT		
TITLE: VICE PRESIDENT		
ADDRESS: 2980 FAIRVIEW PARK DRIVE		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIFFANY T. MCCONNELL		
TITLE: SECRETARY		
ADDRESS: FAIRVIEW PARK DRIVE		
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TIFFANY T. MCCONNELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIFFANY T. MCCONNELL, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/20/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.