


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 808636
 1. Entity Name
 THE BOEING COMPANY



Principal Place of Business	Mailing Address
100 N RIVERSIDE MC 5003-4027 CHICAGO, IL 60606 US	100 N RIVERSIDE MC 5003-4027 CHICAGO, IL 60606 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-0425694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STONECUPWE, HARRY
STREET ADDRESS	100 N. RIVERSIDE PK.
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	T
NAME	KINSCHERFF, R. PAUL
STREET ADDRESS	100 N RIVERSIDE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VPS
NAME	JOHNSON, JAMES C
STREET ADDRESS	100 N. RIVERSIDE PK
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AS
NAME	GARVEY, SARAH
STREET ADDRESS	100 N. RIVERSIDE PK
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	AT
NAME	GERKEN, GARY
STREET ADDRESS	100 N RIVERSIDE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____