


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 820026 1. Entity Name MCDONNELL DOUGLAS CORPORATION	
--	---

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



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0400674	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

DO NOT WRITE IN THIS SPACE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STONEAPHER, HARRY 100 N RIVERSIDE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BELL, JAMES 100 N RIVERSIDE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRUST, JAMES H 100 N RIVERSIDE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, DOUGLAS 100 N RIVERSIDE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARVEY, SARAH 100 N. RIVERSIDE PLZ. CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GERKEN, GARY 100 N RIVERSIDE CHICAGO, IL 60606

000000208100
 02/01/05-80074-003 150.00

DO NOT WRITE IN THIS SPACE

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 # _____