

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90012 046 ***150.00

DOCUMENT # 832107

1. Corporation Name
RAYTHEON SERVICE COMPANY

Principal Place of Business

2 WAYSIDE RD
BURLINGTON MA 01803
US

Mailing Address

2 WAYSIDE RD
BURLINGTON MA 01803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1974

4. FEI Number

04-2305772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☒ DELETE
NAME DEITCHER, HERBERT
STREET ADDRESS 141 SPRING ST
CITY-ST-ZIP LEXINGTON MA

1.1 TITLE V/T/D ☐ Change ☒ Addition
1.2 NAME KRZYSIAK, JOHN J
1.3 STREET ADDRESS 8614 Westwood Center Dr. Suite 950
1.4 CITY-ST-ZIP VIENNA, VA 22182

TITLE D ☒ DELETE
NAME MILLER, CHARLES Q
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME LEPORE, PHILIP T
2.3 STREET ADDRESS 8614 Westwood Center Dr., Suite 950
2.4 CITY-ST-ZIP VIENNA, VA 22182

TITLE VPD ☒ DELETE
NAME BROND, MORTON L
STREET ADDRESS 2 WAYSIDE ROAD
CITY-ST-ZIP BURLINGTON MA

3.1 TITLE P ☐ Change ☒ Addition
3.2 NAME EMERY, GEORGE W
3.3 STREET ADDRESS 8614 Westwood Center Dr., Suite 950
3.4 CITY-ST-ZIP VIENNA, VA 22182

TITLE SD ☒ DELETE
NAME WOLFE, JOSEPH
STREET ADDRESS 141 SPRING STREET
CITY-ST-ZIP LEXINGTON MA

4.1 TITLE S/D ☐ Change ☒ Addition
4.2 NAME MUTEK, MICHAEL W
4.3 STREET ADDRESS 10700 Parkridge Blvd., Room 239
4.4 CITY-ST-ZIP RESTON, VA 20191

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Krzysiak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/99

Daytime Phone #

(703)918-6902

CR2E034 (11/98)