

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 90376 010 ***550.00

DOCUMENT # 832107

1. Entity Name
RAYTHEON TECHNICAL SERVICES COMPANY

Principal Place of Business

Mailing Address

2 WAYSIDE RD
 BURLINGTON MA 01803
 US

2 WAYSIDE RD
 BURLINGTON MA 01803
 US

551040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12160 Sunrise Valley Dr.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Reston, VA

City & State

4. FEI Number **04-2305772**

Applied For
 Not Applicable

Zip **20191**

Country

Zip

Country

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
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **VTD KRZYSIAK, JOHN J** ☐ Delete
 STREET ADDRESS **8614 WESTWOOD CTR DR, STE 950**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE
 NAME **12160, Sunrise Valley Drive** ☒ Change ☐ Addition
 STREET ADDRESS **Reston, VA. 20191**
 CITY-ST-ZIP

TITLE
 NAME **D LEPORE, PHILIP T** ☐ Delete
 STREET ADDRESS **8614 WESTWOOD CTR DR, STE 950**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE
 NAME **CEO Philip T. Lepore** ☒ Change ☐ Addition
 STREET ADDRESS **12160 Sunrise Valley Drive**
 CITY-ST-ZIP **Reston, VA. 20191**

TITLE
 NAME **P EMERY, GEORGE W** ☒ Delete
 STREET ADDRESS **8614 WESTWOOD CTR DR, STE 950**
 CITY-ST-ZIP **VIENNA VA 22182**

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

TITLE
 NAME **SD MUTEK, MICHAEL W** ☐ Delete
 STREET ADDRESS **8614 WESTWOOD CTR DR STE 950**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE
 NAME **12160, Sunrise Valley Drive** ☒ Change ☐ Addition
 STREET ADDRESS **Reston, VA. 20191**
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

JOHN J. KRZYSIAK 5/7/01 (703) 295-2510

Date

Daytime Phone #

CR2E034 (10/00)