

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90113 043 ***150.00

DOCUMENT # 853277
1. Entity Name
RAYTHEON COMPANY

Principal Place of Business		Mailing Address	
141 SPRING STREET LEXINGTON MA 02173 US		141 SPRING STREET LEXINGTON MA 02421-7860 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1778500				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ (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, 2000 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	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, PETER R		NAME	Thomas D. Hyde	
STREET ADDRESS	141 SPRING STREET		STREET ADDRESS	141 Spring St.	
CITY-ST-ZIP	LEXINGTON MA 02173		CITY-ST-ZIP	Lexington, MA 02421	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, THOMAS D		NAME	John W. Kapples	
STREET ADDRESS	141 SPRING STREET		STREET ADDRESS	141 Spring St.	
CITY-ST-ZIP	LEXINGTON MA 02173		CITY-ST-ZIP	Lexington, MA 02421	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGLIA, RICHARD A		NAME		
STREET ADDRESS	141 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLOREDO-MANSFIELD, FERDINAND		NAME		
STREET ADDRESS	TWO CENTER PLAZA		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORFMAN, STEVEN D		NAME	Barbara M. Barrett	
STREET ADDRESS	200 NORTH SEPULVEDA BLVD.,		STREET ADDRESS	4617 East Ocotillo Rd.	
CITY-ST-ZIP	EL SEGUNDO CA		CITY-ST-ZIP	Paradise Valley, AZ 85253	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTCH, JOHN M		NAME		
STREET ADDRESS	77 MASSACHUSETTS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		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: *John W. Kapples* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John W. Kapples Secretary** **4/28/00** Date **781-8462-16600** Dwayne Phone #

CR2E034 (9/99)