

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000000948 1. Entity Name RAYTHEON AIRCRAFT REGIONAL OFFICES, INC.	
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Principal Place of Business 9709 E. CENTRAL WICHITA, KS 67206	Mailing Address 9709 E. CENTRAL WICHITA, KS 67206
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1143889	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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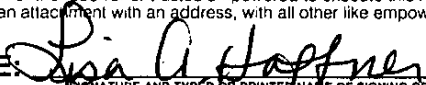
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SHIVERS, CARROLL 9709 E CENTRAL WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAFFNER, LISA A 9709 E CTRL WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ERB, BOBBI K 9709 E CENTRAL WICHITA, KS 67203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGSTON, MIKE 9709 E CENTRAL WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/09/07-80070-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	4-18-07 Date	316-676-1803 Daytime Phone #
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