

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808636

Entity Name: THE BOEING COMPANY

Current Principal Place of Business:

251 LITTLE FALLS DRIVE, NEW CASTLE COUNTY
WILMINGTON , DE 19808

Current Mailing Address:

251 LITTLE FALLS DRIVE, NEW CASTLE COUNTY
WILMINGTON , DE 19808 US

FEI Number: 91-0425694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title TREASURER
Name DOHNALEK, DAVID A
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title PRESIDENT, CEO, DIRECTOR
Name CALHOUN, DAVID L
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name JOYCE, DAVID L
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name DOUGHTIE, LYNNE M
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name BRADWAY, ROBERT A
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name RICHARDSON, JOHN M
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name MOLLENKOPF, STEVEN M.
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name JOHRI, AKHIL
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHNSON , ELIZABETH A

ASSISTANT TREASURER 05/03/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMS, RONALD A
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name GOOD, LYNN J
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title SECRETARY
Name DEMERS, JOHN
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title ASST. SECRETARY
Name KATOCH, AGRJA
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name KELLNER, LAWRENCE W
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title ASSISTANT TREASURER
Name ROREM, NATALIE N
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202

Title ASST. SECRETARY
Name JOHNSON, ELIZABETH A
Address 251 LITTLE FALLS DRIVE, NEW
CASTLE COUNTY
City-State-Zip: WILMINGTON DE 19808

Title DIRECTOR
Name HARRIS, STAYCE D.
Address 929 LONG BRIDGE DR
City-State-Zip: ARLINGTON VA 22202