## **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 808636** 

**Entity Name: THE BOEING COMPANY** 

**Current Principal Place of Business:** 

100 NORTH RIVERSIDE PLAZA

CHICAGO, IL 60606

**Current Mailing Address:** 

100 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606 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

**FILED** Mar 19, 2019

**Secretary of State** 

8760844332CC

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

BRADWAY, ROBERT A. Name Name CALHOUN, DAVID L

100 NORTH RIVERSIDE PLAZA 100 NORTH RIVERSIDE PLAZA Address Address

City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

Title SECRETARY, VP Title DIRECTOR Name

DIXTON, GRANT M Name COLLINS, ARTHUR D JR

100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA Address

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606 City-State-Zip:

Title DIRECTOR Title **TREASURER** 

Name DUBERSTEIN, KENNETH M Name DOHNALEK, DAVID A.

Address 100 NORTH RIVERSIDE PLAZA 100 NORTH RIVERSIDE PLAZA Address

City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name GIAMBASTIANI, EDMUND P JR KENNEDY, CAROLINE B. Name 100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA Address

City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

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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.

03/19/2019 SIGNATURE: NATALIE N ROREM ASSISTANT TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name GOOD, LYNN J Name KELLNER, LAWRENCE W

Address 100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR

Name LIDDY, EDWARD M Name MUILENBURG, DENNIS A

Address 100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA

Title

DIRECTOR, PRESIDENT

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title ASSISTANT TREASURER Title DIRECTOR

Name ROREM, NATALIE N Name SCHWAB, SUSAN C

Address 100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title DIRECTOR Title DIRECTOR

Name WILLIAMS, RONALD A Name ZAFIROVSKI, MIKE S

Address 100 NORTH RIVERSIDE PLAZA Address 100 NORTH RIVERSIDE PLAZA

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606