

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817652 (1)

1. Corporation Name

RAYTHEON ENGINEERS & CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

30 S 17TH ST
PHILADELPHIA PENNSYLVANIA 19103

30 S 17TH ST
PHILADELPHIA PENNSYLVANIA 19103

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/24/1964

3a. Date of Last Report

04/26/1995

4. FEI Number

23-1173910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

Signature, typed or printed name and title of registered agent

(Note: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	FERGUSON, WILLIAM J JR.	
STREET ADDRESS	14 SPRING STREET	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	DCO	<input type="checkbox"/> DELETE
NAME	MILLER, CHARLES, O	
STREET ADDRESS	141 SPRING ST	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIMMERS, ROBERT, A	
STREET ADDRESS	30 SOUTH 17TH ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BICKEL, JEROME E.	
STREET ADDRESS	30 SOUTH 17TH ST	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, TIMOTHY L.	
STREET ADDRESS	141 SPRING ST	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ZIINO, CHRISTOPHER F	
STREET ADDRESS	30 SOUTH 17TH STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CF Ziino

Christopher Ziino, 4/16/96 (215) 422-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)