

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **817652** (1)
1. Corporation Name
RAYTHEON ENGINEERS & CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
30 S 17TH ST **30 S 17TH ST**
PHILADELPHIA PENNSYLVANIA 19103 **PHILADELPHIA PENNSYLVANIA 19103-4021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1964		3a. Date of Last Report 04/26/1996	
22. State, Apt. #, etc.		26. State, Apt. #, etc.		4. FEI Number 23-1173910		Applied For <input type="checkbox"/> Not Applicable	
23. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P. O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature type (print name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM J JR.	1.2 NAME	
STREET ADDRESS	141 SPRING STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LEXINGTON MA	1.4 CITY-STATE-ZIP	
TITLE	DCO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHARLES, O	2.2 NAME	
STREET ADDRESS	141 SPRING ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LEXINGTON MA	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMERS, ROBERT, A	3.2 NAME	
STREET ADDRESS	30 SOUTH 17TH ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA PA	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKEL, JEROME E.	4.2 NAME	
STREET ADDRESS	30 SOUTH 17TH ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, TIMOTHY L.	5.2 NAME	
STREET ADDRESS	141 SPRING ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LEXINGTON MA	5.4 CITY-STATE-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIINO, CHRISTOPHER F	6.2 NAME	
STREET ADDRESS	30 SOUTH 17TH STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PHILADELPHIA, PA 00000	6.4 CITY-STATE-ZIP	

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97, (215) 422-4843

DATE

DAYTIME PHONE #

CR2E034 (9/96)