

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817652

1. Entity Name

RAYTHEON ENGINEERS & CONSTRUCTORS, INC.

Principal Place of Business

30 S 17TH ST
PHILADELPHIA PENNSYLVANIA 19103

Mailing Address

30 S 17TH ST
PHILADELPHIA PENNSYLVANIA 19103-4001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-1173910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASSAD, SHAY D	
STREET ADDRESS	ONE BROADWAY	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	DCO	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CHARLES, Q	
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	510 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, TIMOTHY L.	
STREET ADDRESS	ONE BROADWAY	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZIINO, CHRISTOPHER F	
STREET ADDRESS	30 SOUTH 17TH STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	

TITLE	DCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L MYERS	
STREET ADDRESS	ONE BROADWAY	
CITY-ST-ZIP	CAMBRIDGE, MA 02421	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	19103	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CF Ziino CHRISTOPHER F. ZIINO

Date

Daytime Phone #

(215) 432-3000

CR2E034 (9/99)