

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 017 ***150.00

DOCUMENT # 820026
 1. Entity Name
MCDONNELL DOUGLAS CORPORATION



Principal Place of Business: **100 N. RIVERSIDE MC 5003-4551 CHICAGO, IL 60606**
 Mailing Address: **100 N. RIVERSIDE MC 5003-4551 CHICAGO, IL 60606**

14016234

2. Principal Place of Business: Suite, Apt. #, etc. **MC 5003-4007**
 City & State: **CHICAGO, IL**

3. Mailing Address: Suite, Apt. #, etc. **MC 5003-4007**
 City & State: **CHICAGO, IL**



04272004 Chg-P CR2E034 (10/03)

4. FEI Number: **43-0400674**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: DCEO NAME: PHILIP M CONDIT STREET ADDRESS: 7755 E MARGINAL WAY SO. CITY-ST-ZIP: SEATTLE, WA 98108 | <input checked="" type="checkbox"/> Delete |
| TITLE: SVP NAME: SEARS, MICHEAL M STREET ADDRESS: 7755 E MARGINAL WAY SO. CITY-ST-ZIP: SEATTLE, WA 98108 | <input checked="" type="checkbox"/> Delete |
| TITLE: D NAME: ZRUST, JAMES H STREET ADDRESS: 7755 E MARGINAL WAY SO. CITY-ST-ZIP: SEATTLE, WA 98108 | <input type="checkbox"/> Delete |
| TITLE: D NAME: SKOWRONSKI, WALTER E STREET ADDRESS: 7755 E MARGINAL WAY SO. CITY-ST-ZIP: SEATTLE, WA 98108 | <input checked="" type="checkbox"/> Delete |
| TITLE: AS NAME: GARVEY, SARAH STREET ADDRESS: 100 N. RIVERSIDE PLZ. CITY-ST-ZIP: CHICAGO, IL 60606 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE: President-Director NAME: Harry Stonecipher STREET ADDRESS: 100 N. Riverside Plaza CITY-ST-ZIP: Chicago, IL 60606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Senior Vice President NAME: James Bell STREET ADDRESS: 100 N. Riverside Plaza CITY-ST-ZIP: Chicago, IL 60606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Director NAME: Douglas Bain STREET ADDRESS: 100 N. Riverside Plaza CITY-ST-ZIP: Chicago, IL 60606 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Assistant Treasurer NAME: Gary Geiken STREET ADDRESS: 100 N. Riverside Plaza CITY-ST-ZIP: Chicago, IL 60606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Say C. Luke Gary Geiken 4/28/04 312-544-2537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #