


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90440 017 \*\*\*150.00

<b>DOCUMENT # 820026</b> 1. Entity Name <b>MCDONNELL DOUGLAS CORPORATION</b>					
Principal Place of Business <b>100 N. RIVERSIDE MC 5003-4551 CHICAGO, IL 60606</b>			Mailing Address <b>100 N. RIVERSIDE <del>MC 5003-4551</del> CHICAGO, IL 60606</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>MC 5003-4027</b> City & State 			3. Mailing Address Suite, Apt. #, etc. <b>MC 5003-4027</b> City & State 		
Zip 		Country 		4. FEI Number <b>43-0400674</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PHILIP M CONDIT 7755 E MARGINAL WAY SO. SEATTLE, WA 98108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Director Harry Stonecipher 100 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SEARS, MICHEAL M 7755 E MARGINAL WAY SO. SEATTLE, WA 98108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President James Bell 100 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRUST, JAMES H 7755 E MARGINAL WAY SO. SEATTLE, WA 98108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOWRONSKI, WALTER E 7755 E MARGINAL WAY SO. SEATTLE, WA 98108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Douglas Bain 100 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARVEY, SARAH 100 N. RIVERSIDE PLZ. CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer GARY GUTEN 100 N. Riverside Plaza 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 190.07(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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>Sarah C. Garvey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>GARY GUTEN</u> 4/28/04 312-544-2537 <small>Date Daytime Phone #</small>		

**14016234**

