

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90440 003 ***150.00

DOCUMENT # F02000001125					
1. Entity Name BOEING SATELLITE SYSTEMS, INC.					
Principal Place of Business 2260 EAST IMPERIAL HIGHWAY EL SEGUNDO, CA 90245			Mailing Address 1100 N. RIVERSIDE PLZ M/C 5003-4027 CHICAGO, IL 60606 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 N. Riverside Plz Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4549611	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BRINKLEY, RANDY H STREET ADDRESS 2260 EAST IMPERIAL HIGHWAY CITY-ST-ZIP EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> Delete		TITLE Assistant Secretary NAME GARY GERKEN STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME COLLOPPY, WILLIAM R JR. STREET ADDRESS 2260 EAST IMPERIAL HIGHWAY CITY-ST-ZIP EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JOHNSON, JAMES C STREET ADDRESS 100 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 606061596	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SKOWRONSKI, WALTER E STREET ADDRESS 100 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 606061596	<input type="checkbox"/> Delete		TITLE NAME A. Paul Kinsch STREET ADDRESS 100 N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME ALBAUGH, JAMES E STREET ADDRESS 2260 EAST IMPERIAL HIGHWAY CITY-ST-ZIP EL SEGUNDO, CA 90245	<input type="checkbox"/> Delete		TITLE NAME Robert Roberts STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BELL, JAMES A STREET ADDRESS 100 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 606061596	<input type="checkbox"/> Delete		TITLE NAME James Zrust STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ray C. Harker</i>			<i>GARY GERKEN</i> 4/28/2004 312 544-2537		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		