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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90161 021 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F92000000808

1. Corporation Name
RAYTHEON AIRCRAFT SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 10225 E KELLOGG WICHITA KS 67207 US | Mailing Address PO BOX 2966 WICHITA KS 67201 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 12/21/1992 | 4. FEI Number 48-0677338 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | DIEBOLD, JOHN A | |
| STREET ADDRESS | 4705 PORT WEST CIR | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIS, JOHN C | |
| STREET ADDRESS | 18 SANPIPER CT | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HETZEL, RICHARD G | |
| STREET ADDRESS | 1408 DAVIN LANE | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | BRANTNER, DOUGLAS | |
| STREET ADDRESS | 607 GLENDEVON CT | |
| CITY-ST-ZIP | ANDOVER KS | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HAGEL, JOHN W JR. | |
| STREET ADDRESS | 945 GLENEVON CT | |
| CITY-ST-ZIP | ANDOVER KS | |
| TITLE | VS | <input checked="" type="checkbox"/> DELETE |
| NAME | WALLACE, WAYNE W | |
| STREET ADDRESS | 913 N CPYRESS | |
| CITY-ST-ZIP | WICHITA KS | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-----------------------------|---|
| 1.1 TITLE | CPID | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | John C. Willis | |
| 1.3 STREET ADDRESS | 8220 E. Oxford Circle #1006 | |
| 1.4 CITY-ST-ZIP | Wichita, KS 67226 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Scott Kalister | |
| 2.3 STREET ADDRESS | 9709 E. Central | |
| 2.4 CITY-ST-ZIP | Wichita, KS 67206 | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Kevin Laymon | |
| 3.3 STREET ADDRESS | 1770 S. Rock Rd Apt 515 | |
| 3.4 CITY-ST-ZIP | Wichita, KS 67207 | |
| 4.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Larry S. Knott | |
| 4.3 STREET ADDRESS | 7102 W. Clearmeadow Ct | |
| 4.4 CITY-ST-ZIP | Wichita, KS 67205 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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, with all other like empowered.

SIGNATURE: Larry S. Knott DATE: 4/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (316) 676-8857

CR2E034 (11/98)