


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 031 ***150.00

DOCUMENT # F92000000808					
1. Entity Name RAYTHEON AIRCRAFT SERVICES, INC.					
Principal Place of Business 10511 E CENTRAL WICHITA, KS 67206 US			Mailing Address PO BOX 2966 WICHITA, KS 67201 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 48-0677338	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. 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, 2007 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLANSKI, EDWARD P		NAME	Randy T. Groom	
STREET ADDRESS	10511 E. CENTRAL AVE.		STREET ADDRESS	10511 E Central	
CITY - ST - ZIP	WICHITA, KS 67206		CITY - ST - ZIP	Wichita, KS 67206	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERTZ, DAVID W		NAME		
STREET ADDRESS	10511 E CENTRAL		STREET ADDRESS		
CITY - ST - ZIP	WICHITA, KS 67207		CITY - ST - ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President Treasurer Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLISCH, WILLIAM J		NAME	Bob Sills	
STREET ADDRESS	10511 E. CENTRAL AVE.		STREET ADDRESS	10511 E Central	
CITY - ST - ZIP	NASHVILLE, TN 37206		CITY - ST - ZIP	Wichita, KS 67206	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEWEN, DREW		NAME		
STREET ADDRESS	10511 E. CENTRAL AVE.		STREET ADDRESS		
CITY - ST - ZIP	WICHITA, KS 67206		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFNER, LISA A		NAME		
STREET ADDRESS	9709 E CENTRAL		STREET ADDRESS		
CITY - ST - ZIP	WICHITA, KS 67206		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADSEN, SKIP		NAME	Doug Branter	
STREET ADDRESS	10511 E. CENTRAL AVE.		STREET ADDRESS	10511 E Central	
CITY - ST - ZIP	WICHITA, KS 67206		CITY - ST - ZIP	Wichita, KS 67206	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Lisa A. Haffner</i>			DATE: _____ DAY/TIME: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					