

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90057 033 ***150.00

DOCUMENT # F93000004621

1. Corporation Name

RAYTHEON NUCLEAR, INC.

Principal Place of Business

30 S. 17TH ST.
PHILADELPHIA PA 19103

Mailing Address

30 S. 17TH ST.
PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1993

4. FEI Number

23-2123722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPNT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADALINO, JOSEPH P	1.2 NAME	
STREET ADDRESS	508 CARNEGIE CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	
TITLE	PCED <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAS, LOUIS J.	2.2 NAME	
STREET ADDRESS	508 CARNEGIE CENTER	2.3 STREET ADDRESS	510 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON NJ	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKEL, JEROME E	3.2 NAME	
STREET ADDRESS	30 S. 17TH ST.	3.3 STREET ADDRESS	510 CARNEGIE CENTER
CITY-ST-ZIP	PHILADELPHIA PA 19103	3.4 CITY-ST-ZIP	PRINCETON NJ
TITLE	VSOC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JAMES C JR	4.2 NAME	
STREET ADDRESS	30 S. 17TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	4.4 CITY-ST-ZIP	
TITLE	VCM <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYSTER, DAVID R	5.2 NAME	
STREET ADDRESS	508 CARNEGIE CENTER	5.3 STREET ADDRESS	510 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON NJ	5.4 CITY-ST-ZIP	
TITLE	VPBD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMBO, ARTHUR G JR.	6.2 NAME	
STREET ADDRESS	508 CARNEGIE CENTER	6.3 STREET ADDRESS	510 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON NJ	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:

CFE BUREAU RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. ZINO

1/27/99

(215) 422-4843

Date

Daytime Phone #

CR2E034 (11/98)