

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90058 025 \*\*\*150.00

**DOCUMENT # F95000001649**

1. Entity Name  
**RAYTHEON AIRCRAFT COMPANY**



Principal Place of Business  
**9709 E. CENTRAL  
WICHITA, KS 67206 US**

Mailing Address  
**PO BOX 85  
WICHITA, KS 67201-0085 US**

40106776



04232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**48-0135770**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MASON, JOSEPH M JR.  
MCGEE & MASON, P.A.  
101 S. MAIN STREET  
BROOKSVILLE, FL 34605-1900**

**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

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

(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 ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	WALLACE, WAYNE W	
STREET ADDRESS	9709 E. CENTRAL	
CITY - ST - ZIP	WICHITA, KS 67206	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHUSTER, JAMES E	
STREET ADDRESS	9709 E CENTRAL	
CITY - ST - ZIP	WICHITA, KS 67206	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN ANTHONY, F	
STREET ADDRESS	9709 E CENTRAL	
CITY - ST - ZIP	WICHITA, KS 67206	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	BERGER, JACKIE A	
STREET ADDRESS	9709 E. CENTRAL AVE.	
CITY - ST - ZIP	WICHITA, KS 67206	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAUNEIS, JOHN	
STREET ADDRESS	9709 E. CENTRAL AVE.	
CITY - ST - ZIP	WICHITA, KS 67206	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOLANSKI, EDWARD P	
STREET ADDRESS	9709 E. CENTRAL AVE.	
CITY - ST - ZIP	WICHITA, KS 67206	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James K Sanders	
STREET ADDRESS	9709 E. Central	
CITY - ST - ZIP	Wichita, KS 67206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Crawford	
STREET ADDRESS	9709 E. Central	
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:** *Tony Crawford* **Tony Crawford** 4/23/07 (316) 676-8336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #