

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90345 030 ****50.00

DOCUMENT # M01000001965

1. Entity Name

RAYTHEON AEROSPACE LLC



Principal Place of Business

**555 INDUSTRIAL DRIVE SO.
MADISON MS 39110**

Mailing Address

**555 INDUSTRIAL DRIVE SO.
MADISON MS 39110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **64-0941176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCKEON, ROBERT B
660 MADISON AVE., 14TH FLOOR
NEW YORK NY 10021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMPBELL, THOMAS J
660 MADISON AVE., 14TH FLOOR
NEW YORK NY 10021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAFTON, DANIEL A
555 INDUSTRIAL DR. SO.
MADISON MS 39110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VANDUSEN, JAMES
555 INDUSTRIAL DR. SO.
MADISON MS 39110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SINQUEFIELD, R. STEVEN
555 INDUSTRIAL DRIVE SO.
MADISON MS 39110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SNEARY, GARY V
555 INDUSTRIAL DRIVE SO.
MADISON MS 39110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

7-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)



Attachment

Ernst & Young LLP
One Jackson Place
Suite 400
188 East Capitol Street
Jackson, Mississippi 39201-2157

Phone: (601) 948 6600
Fax: (601) 353 7248
www.ey.com

RAAH I, LLC

INSTRUCTIONS FOR FILING
STATE OF FLORIDA
UNIFORM BUSINESS REPORT
FOR THE YEAR ENDED DECEMBER 28, 2001

970921
#M 010000 1965

SIGNATURE . . .

THE ORIGINAL REPORT SHOULD BE DATED AND SIGNED BY AN AUTHORIZED OFFICER.

FILING . . .

THE SIGNED REPORT SHOULD BE FILED ON OR BEFORE JULY 15, 2002 WITH THE FOLLOWING:

LIMITED LIABILITY COMPANY
DIVISION OF CORPORATIONS
POST OFFICE BOX 6478
TALLAHASSEE, FL 32314-6478

PAYMENT OF FILING FEE . . .

A CHECK IN THE AMOUNT OF \$50 MADE PAYABLE TO "DEPARTMENT OF STATE" SHOULD ACCOMPANY THE REPORT.

MAILING . . .

TO DOCUMENT THE TIMELY FILING OF THE REPORT, WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE CLAIM BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE).