


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 013 ***150.00

DOCUMENT # P16415
 1. Entity Name
BOEING SERVICE COMPANY



Principal Place of Business
100 N RIVERSIDE
~~MC 5003-4551~~
CHICAGO, IL 60606 US

Mailing Address
100 N RIVERSIDE
~~MC 5003-4551~~
CHICAGO, IL 60606 US

14016238



2. Principal Place of Business
 Suite, Apt. #, etc.
MC 5003-4027
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
MC 5003-4027
 City & State

4. FEI Number
75-1416411

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

04272004 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, RICHARD 100 N. RIVERSIDE PLZ. CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALOW, GRAEME J 7755 E MARGINAL WAY S. SEATTLE, WA 98108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRUST, JAMES H 7755 E MARGINAL WAY S. SEATTLE, WA 98108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JAMES C 7755 E MARGINAL WAY S. SEATTLE, WA 98108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALOW, GRAEME J 7755 E MARGINAL WAY SO SEATTLE, WA 98108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GEIKEN, GARY 100 N. RIVERSIDE PLZ. CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ron Prosser 100 N. Riverside Plaza Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer R. Paul Kinschier 100 N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sarah Sarvey 100 N. Riverside Plaza Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: GARY GEIKEN 4-28-2004 312-544-2537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #