


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P16415**  
 1. Entity Name  
**BOEING SERVICE COMPANY**



Principal Place of Business <b>100 N RIVERSIDE          MC 5003-4027          CHICAGO, IL 60606 US</b>	Mailing Address <b>100 N RIVERSIDE          MC 5003-4027          CHICAGO, IL 60606 US</b>
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-1416411</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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's signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 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 PROSSER, RON 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALOW, GRAEME J 7755 E MARGINAL WAY S. SEATTLE, WA 98108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRUST, JAMES H 7755 E MARGINAL WAY S. SEATTLE, WA 98108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JAMES C 7755 E MARGINAL WAY S. SEATTLE, WA 98108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSCHERFF, R. PAUL 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARVEY, SARAH 100 N RIVERSIDE PLAZA CHICAGO, IL 60606

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 01/31/05-80027-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_