

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20601 (1)

1. Corporation Name

RAYTHEON AEROSPACE COMPANY

Principal Place of Business

555 INDUSTRIAL DR., SO.
MADISON MS 39110-6073

Mailing Address

555 INDUSTRIAL DR., SO.
MADISON MS 39110-6073



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
05/31/1995

4. FEI Number

11-2208712

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 fee, if applicable.

(Note: Registered Agent signature required when reappointing.)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
GRAY, JAMES E.
9 ST JAMES PLACE
WICHITA KS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
S
WALLACE, WAYNE W.
7524 E 10TH ST CR
WICHITA KS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
GRAFTON, DANIEL A.
211 COACHMAN'S ROAD
MADISON MS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
VAS
PAUL R. EVERHARDT
505 ARBOR DRIVE
MADISON MS

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BLECK, MAX E.
3820 N ANDOVER ROAD
WICHITA MS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
CD
ARTHUR E. WEGNER,
540 N. TARA LANE
WICHITA KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

613 Lake Hollow

John David Robinson
655 Industrial Dr South
Madison, MS 39110

2706 Dublin Circle

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(316) 676-7945

CR2E034 (12/95)