

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20601 (1)
 1. Corporation Name
RAYTHEON AEROSPACE COMPANY

Principal Place of Business 555 INDUSTRIAL DR. SO. MADISON MS 39110-8073	Mailing Address 555 INDUSTRIAL DR. SO. MADISON MS 39110-8072
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 11-2208712		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JAMES E.	1.2 NAME	
STREET ADDRESS	9 ST JAMES PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, WAYNE W.	2.2 NAME	
STREET ADDRESS	7524 E 10TH ST CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFTON, DANIEL A.	3.2 NAME	
STREET ADDRESS	513 LAKE HOLLOW	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS	3.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL R. EVERHARDT	4.2 NAME	
STREET ADDRESS	505 ARBOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN DAVID	5.2 NAME	John David Robinson
STREET ADDRESS	555 INDUSTRIAL DR SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR E. WEGNER	6.2 NAME	
STREET ADDRESS	2706 DUBLIN CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED 4/29/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)