

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90161 022 ***150.00

DOCUMENT # P20601

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAY, JAMES E. | |
| STREET ADDRESS | 9 ST JAMES PLACE | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | WALLACE, WAYNE W. | |
| STREET ADDRESS | 7524 E 10TH ST CR | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GRAFTON, DANIEL A. | |
| STREET ADDRESS | 513 LAKE HOLLOW | |
| CITY-ST-ZIP | MADISON MS | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, JOHN DAVID | |
| STREET ADDRESS | 555 INDUSTRIAL DR SOUTH | |
| CITY-ST-ZIP | MADISON MS | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | ARTHUR E. WEGNER, | |
| STREET ADDRESS | 2706 DUBLIN CIRCLE | |
| CITY-ST-ZIP | WICHITA KS | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | V/S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Steve Singuefield | |
| 1.3 STREET ADDRESS | 205 Woodgreen Ct | |
| 1.4 CITY-ST-ZIP | Ridgeland, MS 39157 | |
| 2.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Gary V. Sneary | |
| 2.3 STREET ADDRESS | 202 Squirrel Hill Drive | |
| 2.4 CITY-ST-ZIP | Ridgeland, MS 39157 | |
| 3.1 TITLE | C/P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Daniel A. Grafton | |
| 3.3 STREET ADDRESS | 513 Lake Hollow | |
| 3.4 CITY-ST-ZIP | Madison, MS 39110 | |
| 4.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | James VanDusen | |
| 4.3 STREET ADDRESS | 580 Pear Orchard #811 | |
| 4.4 CITY-ST-ZIP | Ridgeland, MS 39157 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Arthur E. Wegner | |
| 5.3 STREET ADDRESS | 2706 Dublin Circle | |
| 5.4 CITY-ST-ZIP | Wichita, KS 67226 | |
| 6.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Larry S. Knott | |
| 6.3 STREET ADDRESS | 7102 W. Clearmeadow Ct | |
| 6.4 CITY-ST-ZIP | Wichita, KS 67205 | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/2/99 (316) 676-8857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)