

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90070 031 ***150.00

DOCUMENT # P20601

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2208712**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SINQUEFIELD, STEVE	
STREET ADDRESS	205 WOODGREEN CT	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNEARY, GARY V	
STREET ADDRESS	202 SQUIRREL HILL DRIVE	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	GRAFTON, DANIEL A.	
STREET ADDRESS	513 LAKE HOLLOW	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN DAVID	
STREET ADDRESS	555 INDUSTRIAL DR SOUTH	
CITY-ST-ZIP	MADISON MS	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR E. WEGNER,	
STREET ADDRESS	2706 DUBLIN CIRCLE	
CITY-ST-ZIP	WICHITA KS 67226	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KNOTT, LARRY S	
STREET ADDRESS	7102 W. CLEARMEADOW CT	
CITY-ST-ZIP	WICHITA KS 67205	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Larry S. Knott

Date

Daytime Phone #

3/27/01 316-676-0981

CR2E034 (10/00)