2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2005 08:00 AM DOCUMENT # P22981 **Secretary of State** 1. Entity Name BOEING LAUNCH SERVICES, INC. Principal Place of Business Mailing Address 100 N RIVERSIDE 100 N RIVERSIDE MC 5003-4027 MC 5003-4027 US CHICAGO, IL 60606 US CHICAGO, IL 60606 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0319177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO_NOT WRITE 1201 HAYS ST. TALLAHASSEE, FL 32301 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE Unnannensuas. TRAFTON, WILL NAME 01/31/05-80027-009 150.00 STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606 VΡ TITLE NAME WITZLING, JAY L STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606 TITLE NAME JOHNSON, JAMES STREET ADDRESS 100 N. RIVERSIDE PLAZA DO NOT WRITE CITY-ST-ZIP CHICAGO, IL 60606 IN THIS SPACE TITLE NAME KINSCHERPF, R. PAUL STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606 TITLE GARVEY, SARAH NAME STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606 TITLE NAME GEIKEN, GARY A STREET ADDRESS 100 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an applicase, with all other like empowered.

Date

Daytime Phone #

FILED