SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P30043** **(4)**

1. Corporation Name

MCDONNELL DOUGLAS REALTY COMPANY

Principal Place of Business: ~~18881 VON KARMAN AVENUE, 12TH FLOOR IRVINE CA 92715~~

Mailing Address: ~~18881 VON KARMAN AVENUE, 12TH FLOOR IRVINE CA 92715~~

2. Principal Place of Business
21 4060 Lakewood Blvd.
Suite, Apt #, etc
22 6th Floor
City & State
23 Long Beach, CA
Zip 24 90808-1700 Country 25 USA

2a. Mailing Address
26 P.O. Box 580
Suite, Apt #, etc
27
City & State
28 Long Beach, CA
Zip 29 90801-0580 Country 30 USA

3. Date Incorporated or Qualified: **07/02/1990**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **95-2775666** ☐ 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 [X] Yes ☐ No

9. **Name and Address of Current Registered Agent**

SPIELVOGEL AND GOLDMAN, P.A.
101 SOUTH COURTENAY PARKWAY
P.O. BOX 541366
MERRITT ISLAND FL 32954-1366

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

Field	Value	Delete
TITLE	PD	☐ DELETE
NAME	MOTHERWAY, THOMAS J	
STREET ADDRESS	~~18881 VON KARMAN AVE.~~	
CITY-ST-ZIP	~~IRVINE CA~~	
TITLE	~~V~~	[X] DELETE
NAME	~~OVERTURF, THOMAS A~~	
STREET ADDRESS	~~18881 VON KARMAN AVE~~	
CITY-ST-ZIP	~~IRVINE CA~~	
TITLE	~~CD~~	[X] DELETE
NAME	~~LANESE, H. J.~~	
STREET ADDRESS	~~MCDONNELL BL & AIRPT RD~~	
CITY-ST-ZIP	~~ST. LOUIS MO~~	
TITLE	~~D~~	[X] DELETE
NAME	~~LAWLOR, T. J.~~	
STREET ADDRESS	~~340 GOLDEN SHORE~~	
CITY-ST-ZIP	~~LONG BEACH CA~~	
TITLE	~~S~~	[X] DELETE
NAME	~~DOWD, LISA W.~~	
STREET ADDRESS	~~18881 VON KARMAN AVE STE 1200~~	
CITY-ST-ZIP	~~IRVINE CA~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change / Addition
1.1 TITLE		[X] Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4060 Lakewood Blvd., 6th Fl.	
1.4 CITY-ST-ZIP	Long Beach, CA 90808-1700	
2.1 TITLE	V/D	☐ Change [X] Addition
2.2 NAME	Steven W. Vogeding	
2.3 STREET ADDRESS	4060 Lakewood Blvd., 6th Fl.	
2.4 CITY-ST-ZIP	Long Beach, CA 90808-1700	
3.1 TITLE	D/AT	☐ Change [X] Addition
3.2 NAME	James F. Palmer	
3.3 STREET ADDRESS	McDonnell Blvd. & Airport Rd.	
3.4 CITY-ST-ZIP	St.Louis, MO 63134	
4.1 TITLE	T	☐ Change [X] Addition
4.2 NAME	Phillip B. Dandridge	
4.3 STREET ADDRESS	4060 Lakewood Blvd., 6th Fl.	
4.4 CITY-ST-ZIP	Long Beach, CA 90808-1700	
5.1 TITLE	V	☐ Change [X] Addition
5.2 NAME	Philip W. Cyburt	
5.3 STREET ADDRESS	4060 Lakewood Blvd., 6th Fl.	
5.4 CITY-ST-ZIP	Long Beach, CA 90808-1700	
6.1 TITLE	S	☐ Change [X] Addition
6.2 NAME	Michael C. Draffin	
6.3 STREET ADDRESS	4060 Lakewood Blvd., 6th Fl.	
6.4 CITY-ST-ZIP	Long Beach, CA 90808-1700	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Michael C. Draffin Secretary — 7/11/96 — (310) 627-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)