

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
4060 LAKEWOOD BLVD  
6TH FLOOR  
LONG BEACH CA 90806-1700  
US

Mailing Address  
P.O. BOX 580  
LONG BEACH FL 90801-0580  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1990		3a. Date of Last Report 07/23/1996	
21		26		4. FEI Number 95-2775666		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
Dean, Mead, Spielvogel, Goldman & Boyd  
82 Street Address (P.O. Box Number 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERWAY, THOMAS J	1.2 NAME	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEDING, STEVEN	2.2 NAME	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDRIDGE, PHILLIP	3.2 NAME	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DAT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JAMES F	4.2 NAME	
STREET ADDRESS	MCDONNELL BLVD & AIRPORT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYBURT, PHILLIP	5.2 NAME	
STREET ADDRESS	4060 LAKEWOOD BLVD 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAFFIN, MICHAEL	6.2 NAME	
STREET ADDRESS	4060 LAKEWOOD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	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]* 8/1/97 510-627-3000

CR2E034 (4/97)