

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30043

1. Entity Name

BOEING REALTY CORPORATION

Principal Place of Business

3760 KILROY AIRPORT WAY, STE 500
MC 0095-0500
LONG BEACH CA 90806
US

Mailing Address

P.O. BOX 580
LONG BEACH CA 90801-0580
US

2. Principal Place of Business

3. Mailing Address

3760 Kilroy Airport Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State
Long Beach, CA

Zip

Country

Zip

Country

90806

USA

4. FEI Number 95-2775666

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	TD SKOWRONSKI, WALTER E 7755 EAST MARGINAL WAY SOUTH SEATTLE WA 98108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARKER, STEPHEN J 4060 LAKEWOOD BLVD. 6 FLOOR LONG BEACH CA 90808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CYBURT, PHILLIP 4060 LAKEWOOD BLVD 6TH FLOOR LONG BEACH CA 90808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAFFIN, MICHAEL 4060 LAKEWOOD BLVD LONG BEACH CA 90808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PALMER, JAMES F 2810 160TH AVENUE SE, MC33-01 BELLEVUE WA 98008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, SCOTT E 1901 OAKSDALE SW M/C 21-96 RENTON WA 98055	<input checked="" type="checkbox"/> Delete

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

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: Stephen J. Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90087 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)