

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30043

Entity Name
BOEING REALTY CORPORATION

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 022 ***150.00

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

Mailing Address
3760 KILROY AIRPORT WAY
SUITE 500
LONG BEACH CA 90806
US

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		
FILE NAME	TD SKOWRONSKI, WALTER E	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7755 EAST MARGINAL WAY SOUTH		STREET ADDRESS		
CITY-STATE-ZIP	SEATTLE WA 98108		CITY-STATE-ZIP		
FILE NAME	CFO BARKER, STEPHEN J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3760 KILROY AIRPORT WAY, STE 500		STREET ADDRESS		
CITY-STATE-ZIP	LONG BEACH CA 90806		CITY-STATE-ZIP		
FILE NAME	P CYBURT, PHILLIP	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3760 KILROY AIRPORT WAY, SUITE 500		STREET ADDRESS	CYBURT, PHILIP	
CITY-STATE-ZIP	LONG BEACH CA 90806		CITY-STATE-ZIP		
FILE NAME	S BRESSLOUR, GERALD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7755 E. MARGINAL WAY S, M/C 13-08		STREET ADDRESS		
CITY-STATE-ZIP	SEATTLE WA 98108		CITY-STATE-ZIP		
FILE NAME	DC PALMER, JAMES F	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	500 NANCHEZ AVE SW, BLDG 7-244, 3RD FLOOR		STREET ADDRESS		
CITY-STATE-ZIP	RENTON WA 98055		CITY-STATE-ZIP		
FILE NAME	VP DEFRANCIS, ALAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3760 KILROY AIRPORT WAY, SUITE 500		STREET ADDRESS		
CITY-STATE-ZIP	LONG BEACH CA 90806		CITY-STATE-ZIP		

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 DIRECTOR-BUSINESS OPERATIONS 1/23/02 562-627-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #