


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P30043 1. Entity Name BOEING REALTY CORPORATION	
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Principal Place of Business 100 N RIVERSIDE PLAZA MC 5003-4027 CHICAGO, IL 60606 US	Mailing Address 100 N RIVERSIDE PLAZA MC 5003-4027 CHICAGO, IL 60606 US
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2775666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINSCHERFF, R. PAUL 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADDLER, CRAIG 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRESSLOUR, GERLAD 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GERKEN, GARY 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRUST, JAMES H 100 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFRANCIS, ALAN 15480 LAGUNA CANYON RD., STE. 200 IRVINE, CA 92618

**DO NOT WRITE
IN THIS SPACE**

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01/31/05-80027-007 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____