

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90023 024 ***150.00

DOCUMENT # P30043

1. Entity Name
BOEING REALTY CORPORATION



Principal Place of Business
15480 LAGUNA CANYON ROAD, SUITE 200
MC 1660-2200
IRVINE CA 92618
US

Mailing Address
15480 LAGUNA CANYON ROAD, SUITE 200
MC 1660-2200
IRVINE CA 92618
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-2775666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete
NAME **SKOWRONSKI, WALTER E**
STREET ADDRESS **7755 EAST MARGINAL WAY SOUTH**
CITY-ST-ZIP **SEATTLE WA 98108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **BARKER, STEPHEN J**
STREET ADDRESS **3760 KILROY AIRPORT WAY, STE 500**
CITY-ST-ZIP **LONG BEACH CA 90806**

TITLE **PRESIDENT, CFO, DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **15480 LAGUNA CANYON RD, STE 200**
CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **P** ☒ Delete
NAME **CYBURT, PHILLIP**
STREET ADDRESS **3760 KILROY AIRPORT WAY, SUITE 500**
CITY-ST-ZIP **LONG BEACH CA 90806**

TITLE **D** ☐ Change ☒ Addition
NAME **SOODIK, BONNIE W**
STREET ADDRESS **2810 160th AVE, S.E., BLDG 33-01**
CITY-ST-ZIP **BELLEVUE, WA 98008**

TITLE **S** ☐ Delete
NAME **BRESSLOUR, GERALD**
STREET ADDRESS **7755 E. MARGINAL WAY S, M/C 13-08**
CITY-ST-ZIP **SEATTLE WA 98108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **PALMER, JAMES F**
STREET ADDRESS **500 NANCHEZ AVE SW, BLDG 7-244, 3RD FLOOR**
CITY-ST-ZIP **RENTON WA 98055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DEFRANCIS, ALAN**
STREET ADDRESS **3760 KILROY AIRPORT WAY, SUITE 500**
CITY-ST-ZIP **LONG BEACH CA 90806**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15480 LAGUNA CANYON RD, STE 200**
CITY-ST-ZIP **IRVINE, CA 92618**

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. BARKER

04/11/03

(949) 790-1900

Date

Daytime Phone #

CR2E034 (10/02)