

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90214 005 \*\*\*150.00

DOCUMENT # P34301

1. Corporation Name

RAYTHEON AEROSPACE SUPPORT SERVICES COMPANY

Principal Place of Business

555 INDUSTRIAL DR S  
MADISON MS 39110

Mailing Address

555 INDUSTRIAL DR S  
MADISON MS 39110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1991

4. FEI Number

48-1087478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME GRAFTON, DANIEL A.  
STREET ADDRESS 513 LAKE HOLLOW  
CITY-ST-ZIP MADISON MS

TITLE D ☐ DELETE

NAME SINQUEFIELD, STEVE  
STREET ADDRESS 205 WOODGREEN CT.  
CITY-ST-ZIP RIDGELAND FL 39157

TITLE STD ☒ DELETE

NAME SERVELLO, ALDO  
STREET ADDRESS 301 OAKMONT TRAIL  
CITY-ST-ZIP RIDGELAND MS

TITLE AS ☒ DELETE

NAME WALLACE, WAYNE W  
STREET ADDRESS 913 N CYPRESS  
CITY-ST-ZIP WICHITA KS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/D ☐ Change ☒ Addition

1.2 NAME James VanDusen  
1.3 STREET ADDRESS 580 Pear Orchard #811  
1.4 CITY-ST-ZIP Ridgeland, MS 39157

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME Larry S. Knott  
2.3 STREET ADDRESS 7102 W. Clearmeadow Ct  
2.4 CITY-ST-ZIP Wichita, KS 67205

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry S. Knott

Date

Daytime Phone #

4/22/99 (316) 676-8857

CR2E034 (11/98)

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