

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

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

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

05-10-1999

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/14/1991</b>	4. FEI Number <b>48-1087478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GRAFTON, DANIEL A.	
STREET ADDRESS	513 LAKE HOLLOW	
CITY-ST-ZIP	MADISON MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINQUEFIELD, STEVE	
STREET ADDRESS	205 WOODGREEN CT.	
CITY-ST-ZIP	RIDGELAND FL 39157	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SERVELLO, ALDO	
STREET ADDRESS	301 OAKMONT TRAIL	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, WAYNE W	
STREET ADDRESS	913 N CYPRESS	
CITY-ST-ZIP	WICHITA KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 4/22/99 (316) 676-8857  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)