

1.) CORPORATION NAME:

DUE DATE: **2/29/2012**

Raytheon Technology Associates, Inc.

SCC ID NO: **05340088**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

C T CORPORATION SYSTEM

4701 COX ROAD

SUITE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11400 COMMERCE PARK DRIVE, STE 650

CITY/ST/ZIP: RESTON, VA 20191-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER DIRECTOR

NAME: NANCY GREER
TITLE: VP AND CFO
ADDRESS: 1200 SOUTH JUPITER ROAD
CITY/ST/ZIP/CO: GARLAND, TX 75042-

OFFICER DIRECTOR

NAME: MARK W. MARCH
TITLE: VP - TAXES
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER DIRECTOR

NAME: ROBERT J. MOORE
TITLE: VICE PRESIDENT
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER DIRECTOR

NAME: MICHAEL W. MUTEK
TITLE: VP AND SEC
ADDRESS: 1200 SOUTH JUPITER ROAD
CITY/ST/ZIP/CO: GARLAND, TX 75042-

OFFICER DIRECTOR

NAME: BROOKE M. BARTLESON
TITLE: ASST SECRETARY
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

NAME: JOHN M. SMITH TITLE: ASST SECRETARY ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RICHARD A. GOGLIA TITLE: TREASURER ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEPHEN J. IGLOWSKI TITLE: ASST TREASURER ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: HENRY DUDEK TITLE: COO ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KATHRYN G. SIMPSON TITLE: DIRECTOR ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PRESTON HARRELLE TITLE: PRESIDENT ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVEN K. HAWKINS TITLE: CEO ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ BROOKE M. BARTLESON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BROOKE M. BARTLESON, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/28/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		