

1.) CORPORATION NAME:

Raytheon International, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F1409319**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 WILSON BLVD

CITY/ST/ZIP: ARLINGTON, VA 22209-

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.

NAME: ROBERT B SHANKS
TITLE: S/VP/GC
ADDRESS: 1100 WILSON BLVD
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: EDWARD HANLON
TITLE: VICE PRESIDENT
ADDRESS: 1100 WILSON BLVD
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: MARK W MARCH
TITLE: VICE PRESIDENT
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: BROOKE M BARTLESON
TITLE: ASST SECRETARY
ADDRESS: 870 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A GOGLIA TREASURER 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J IGLOWSKI ASST TREASURER 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M CULLIGAN CHAIRMAN/CEO 1100 WILSON BLVD ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER F. DORAN VICE PRESIDENT 1100 WILSON BLVD ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIBSON G. LEBOEUF VICE PRESIDENT 1100 WILSON BLVD. ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEDRO MARTINEZ VICE PRESIDENT 1100 WILSON BLVD. ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL T. MIKOLASHEK VICE PRESIDENT 1100 WILSON BLVD. ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANETTE J RUTKA ASST SECRETARY 1100 WILSON BLVD ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN TROY ASST SECRETARY 1100 WILSON BLVD ARLINGTON, VA 22209-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN R. THOMAS Director, HR 1100 WILSON BLVD. ARLINGTON, VA 22209-	<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>1/31/2012</u> DATE
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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.