

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0450919 AV

DOCUMENT # 415192

1. Entity Name
GENERAL DYNAMICS OTS (OTI), INC.

03-14-2002 90028 004 ***150.00

| | |
|---|---|
| Principal Place of Business 4565 COMMERCIAL DR SUITE A NICEVILLE FL 32578 US | Mailing Address 10101 9TH STREET NORTH SAINT PETERSBURG FL 33716 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1428374 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| PAIN, GEORGE H 10101 9TH STREET N SAINT PETERSBURG FL 33716 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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.

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

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE NAME PT MATUSKA, DANIEL A | <input type="checkbox"/> Delete | TITLE NAME TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4565 COMMERCIAL DR SUITE A | | STREET ADDRESS | |
| CITY-ST-ZIP NICEVILLE FL 32578 | | CITY-ST-ZIP | |
| TITLE NAME S ADAMS, LISA A | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4565 COMMERCIAL DRIVE, SUITE A | | STREET ADDRESS | |
| CITY-ST-ZIP NICEVILLE FL 32578 | | CITY-ST-ZIP | |
| TITLE NAME AS HUDKINS, JOHN W | <input checked="" type="checkbox"/> Delete | TITLE NAME P Richard P. Davitt | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10101 9TH STREET N | | STREET ADDRESS 4565 Commercial Dr., Ste. A. | |
| CITY-ST-ZIP SAINT PETERSBURG FL 33716 | | CITY-ST-ZIP Niceville, FL 32578 | |
| TITLE NAME AS PAIN, GEORGE H | <input type="checkbox"/> Delete | TITLE NAME ASAT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 10101 9TH STREET N | | STREET ADDRESS | |
| CITY-ST-ZIP SAINT PETERSBURG FL 33716 | | CITY-ST-ZIP | |
| TITLE NAME AT CURLEY, STEPHEN C | <input checked="" type="checkbox"/> Delete | TITLE NAME David A. Sanner | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10101 9TH STREET N | | STREET ADDRESS 3140 Fairview Park Dr. | |
| CITY-ST-ZIP SAINT PETERSBURG FL 33716 | | CITY-ST-ZIP Falls Church, VA 22042 | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME AS Margaret N. House | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS 3190 Fairview Park Dr. | |
| CITY-ST-ZIP | | CITY-ST-ZIP Falls Church, VA 22042 | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **1-30-02** **727-578-8116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPR2E034 (9/01)