415192

| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | — |
| | |
| (Document Number) | — |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORIDA

6th SEP 1 6 2005

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: General Dynamics OTS (Niceville), Inc. (Name of corporation) | | | | |
| DOCUMENT NUMBER: 415192 | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| C/o Legal Department (Name of contact person) | | | | |
| General Dynamics Ordnance and Tactical Systems, Inc. (Firm/Company) | | | | |
| 11399 16th Court North, Suite 200 (Address) | | | | |
| St. Petersburg, FL 33716 (City/state and zip code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Lisa Golden (Name of contact person) at (727) 578-8340 (Area code & daytime telephone number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | | | | |

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat ange is submitted for a corporation organized under the laws of the State of $\overline{\text{Flo}}$ er to change its registered office or registered agent, or both, in the State of Flor | rida | | |
|-----------------------------------|--|--------------|-----------------------------|---------------|
| 1. The name of | the corporation: General Dynamics OTS (Niceville), Inc. | | | |
| 2. The principal | l office address: 11399 16th Court North, Suite 200 | | | |
| | address (if different): Same | | | |
| 4. Date of incor | poration/qualification: 12/21/1972 Document number: 415192 | | | |
| | d street address of the current registered agent and registered office on file with turtment of State: | he | | |
| | Del S. Dameron | | | |
| | 10101 Dr. MLKing Street North | | | |
| | St. Petersburg, FL 33716 | SECR | 05 8 | |
| 6. The name an (if changed): | d street address of the new registered agent (if changed) and /or registered office | SERY. | SEP 12 | T |
| | Del S. Dameron | EFL PFS | <u> </u> | ED |
| | 11399 16th Court North, Suite 200 | ORIC ORIC | | |
| | (P.O. Box NOT acceptable) | Σm | ∞ | |
| | St. Petersburg, FL 33716 | - | | |
| The street addr as changed wil | ress of its registered office and the street address of the business office of its related to the identical. | egistered | agent | t , |
| Such change wauthorized by | vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer so | | |
| - Ale | Del S. Dameron, VP & Assistant S (Printed or typed name and title | | | |
| ` • | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed to am familiar with and accept the obligation of my position as registered of the merely to reflect a change in the registered office address, I hereby as been notified in writing of this change. | - | rmand r, if th hat th | ce is e |
| Del | Allamera Glo Josephane Grant Glo Josephane Grant | | | |
| - | ehalf of an entity: | | | |
| | | | | |
| | (Typed or Printed Name) | | | |

* * * FILING FEE: \$35.00 * * *