

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90011 019 \*\*\*150.00



<b>DOCUMENT # 415192</b>				<b>1. Entity Name</b> GENERAL DYNAMICS OTS (NICEVILLE), INC.	
<b>Principal Place of Business</b> 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716 US		<b>Mailing Address</b> 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1428374 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAMERON, DEL S 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATUSKA, DANIEL A		NAME	Don Blaise	
STREET ADDRESS	4565 COMMERCIAL DR SUITE A		STREET ADDRESS	4565 Commercial Dr. Suite A	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Niceville, FL 32578	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, LISA A		NAME	Terry G. Graham	
STREET ADDRESS	4565 COMMERCIAL DRIVE, SUITE A		STREET ADDRESS	4565 Commercial Drive, Suite A	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Niceville, FL 32578	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVITT, RICHARD P		NAME		
STREET ADDRESS	4565 COMMERCIAL DR STE A		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32576		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMERON, DEL S		NAME		
STREET ADDRESS	10101 DR MLK ST NORTH		STREET ADDRESS	11399 16th Court North, Suite 200	
CITY-ST-ZIP	ST PETERSBURG, FL 33716		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVNER, DAVID A		NAME		
STREET ADDRESS	2941 FAIRVIEW PARK DR, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH, VA 22042		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, MARGARET N		NAME		
STREET ADDRESS	2941 FAIRVIEW PARK DR, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH, VA 22042		CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <i>Del S. Dameron</i>		VP & General Counsel		1/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 727-578-8340	