

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809991 (3)
 1. Corporation Name
GENERAL DYNAMICS CORPORATION



Principal Place of Business 3190 FAIRVIEW PARK DR FALLS CHURCH VA 22042-1523	Mailing Address 3190 FAIRVIEW PARK DR FALLS CHURCH VA 22042-4510
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/14/1954	3a. Date of Last Report 05/28/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-1673581	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**US CORPORATION COMPANY
 228 W GEORGIA ST
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating!) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME MELLOR, JAMES R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 FAIRVIEW PARK DR	CITY-ST-ZIP FALLS CHURCH VA	1.2 NAME	
TITLE SV	NAME HESSE, PAUL A	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 FAIRVIEW PARK DR	CITY-ST-ZIP FALLS CHURCH VA 23	1.4 CITY-ST-ZIP	
TITLE D	NAME CROWN, LESTER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 222 N LASALLE ST	CITY-ST-ZIP CHICAGO IL	2.2 NAME	
TITLE VD	NAME CHABRAJA, NICHOLAS D	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 FAIRVIEW PARK DR	CITY-ST-ZIP FALLS CHURCH VA 23	2.4 CITY-ST-ZIP	
TITLE CFOV	NAME MANCUSO, MICHAEL J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 FAIRVIEW PARK DR	CITY-ST-ZIP FALLS CHURCH VA 23	3.2 NAME	
TITLE T	NAME FOGG, DAVID H	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3190 FAIRVIEW PARK DR	CITY-ST-ZIP FALLS CHURCH VA 23	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **P. A. Hesse** *[Signature]* **4/23/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)