

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 22042-1523
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified
09/14/1954

4. FEI Number
13-1673581

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**US CORPORATION COMPANY
 226 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 **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DD	<input type="checkbox"/> DELETE
NAME	MELLOR, JAMES R.	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	HESSE, PAUL A	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 23	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWN, LESTER	
STREET ADDRESS	222 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHABRAJA, NICHOLAS D	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 23	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	MANCUSO, MICHAEL J	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 23	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOGG, DAVID H	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 23	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 _____ DATE _____

CR2E034 (10/97)