

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90097 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809991
 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 09/14/1954	
4. FEI Number 13-1673581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	US Corporation Company		
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street, Suite 105		
83			
84 City	Tallahassee, FL	85 Zip Code	32301

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MELLOR, JAMES R.	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	HESS, 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	CD	<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	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Savner, David A.	
2.3 STREET ADDRESS	3190 Fairview Park Drive	
2.4 CITY-ST-ZIP	Falls Church, VA 22042	
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		<input 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, with all other like empowered.

SIGNATURE: David H. Fogg **REQUIRED** David H. Fogg 4/8/99 703-876-3347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)