

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

**FILED**  
**May 28 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**  
**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # F9500005845 (1)**

1. Corporation Name

**ELECTRIC BOAT CORPORATION**

Principal Place of Business

Mailing Address

**3190 FAIRVIEW PARK DR  
 FALLS CHURCH VA 22042**

**3190 FAIRVIEW PARK DR  
 FALLS CHURCH VA 22042**

3. Date Incorporated or Qualified

3a. Date of Last Report

**12/01/1995**

**05/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 **75 EASTERN POINT RD**

2a **75 EASTERN POINT RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **DEPT 613 D5-10**

27 **DEPT 613 D5-10**

City & State

City & State

23 **GROTON CT**

28 **GROTON CT**

Zip

Country

Zip

Country

24 **06340-4989**

25 **USA**

29 **06340-4989**

30 **USA**

4. FEI Number

Applied For

**51-0369496**

Not Applicable

6. Certificate of Status Desired

**\$8.75** Additional

Fee Required

8. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, **Henry J. Teskey**, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MANCUSO, MICHAEL J</b> <b>3190 FAIRVIEW PARK DR</b> <b>FALLS CHURCH VA 22042</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHMUTTE, DANIEL P</b> <b>3190 FAIRVIEW PARK DR</b> <b>FALLS CHURCH VA 22042</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>HESSE, PAUL A</b> <b>3190 FAIRVIEW PARK DR</b> <b>FALLS CHURCH VA 22042</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>HOUSE, MARGARET N</b> <b>3190 FAIRVIEW PARK DR</b> <b>FALLS CHURCH VA 22042</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC</b> <b>TURNER, JAMES E JR</b> <b>75 EASTERN POINT RD</b> <b>GROTON CT 06340-4989</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO/D</b> <b>WELCH, JOHN K JR</b> <b>75 EASTERN POINT RD</b> <b>GROTON CT 06340-4989</b>	<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>900002204519</b> <b>-06/06/97--01094--012</b> <b>***165.00</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AS</b> <b>TESKEY, HENRY J</b> <b>75 EASTERN POINT RD</b> <b>GROTON CT 06340-4989</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3190 FAIRVIEW PARK DR</b> <b>FALLS CHURCH VA 22042</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>WELCH, JOHN K</b>

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:

*Henry J. Teskey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-20-97**  
 Date

**(860) 433-1637**  
 Daytime Phone #

CR2E034 (9/96)