

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000005845 (1)
 1. Corporation Name
ELECTRIC BOAT CORPORATION



Principal Place of Business 75 EASTERN POINT RD DEPT 613 D5-10 GROTON CT 06340-4989	Mailing Address 75 EASTERN POINT RD DEPT 613 D5-10 GROTON CT 06340-4989
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/01/1995
4. FEI Number 51-0369496
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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	FALLS CHURCH, VA 22042
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	FALLS CHURCH, VA 22042
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WELCH, JOHN K
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	GROTON, CT 06340-4989

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 in an attachment to an address.

SIGNATURE: _____ **3-26-98** **(860)433-1537**

CR2E034 (10/97)