

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90210 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000005845

1. Corporation Name
ELECTRIC BOAT CORPORATION



Principal Place of Business	Mailing Address
75 EASTERN POINT RD DEPT 613 D5-10 GROTON CT 06340-4989	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified	Applied For
12/01/1995	Not Applicable
4. FEI Number	Applied For
51-0369496	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Trust Fund Contribution	
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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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	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 checked="" type="checkbox"/> DELETE
NAME	SCHMUTTE, DANIEL P	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HESSE, PAUL A	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
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	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCH, JOHN K	
STREET ADDRESS	75 EASTERN POINT RD	
CITY-ST-ZIP	GROTON CT 06340-4989	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D SAVNER, DAVID A
2.3 STREET ADDRESS	3190 FAIRVIEW PARK DR
2.4 CITY-ST-ZIP	FALLS CHURCH VA 22042
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS HOUSE, MARGARET N
3.3 STREET ADDRESS	3190 FAIRVIEW PARK DR
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 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: _____ Date: 4/26/99 Daytime Phone #: (860) 433-1537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (1/98)