

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000092

**Entity Name:** GENERAL DYNAMICS INFORMATION TECHNOLOGY, INC.**Current Principal Place of Business:**3211 JERMANTOWN ROAD  
FAIRFAX, VA 22030**Current Mailing Address:**3211 JERMANTOWN ROAD  
FAIRFAX, VA 22030 US**FEI Number:** 54-1194322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JOHNSON, S. DANIEL  
Address        3211 JERMANTOWN ROAD  
City-State-Zip: FAIRFAX VA 22030

Title            SECRETARY  
Name            ASLAKSEN, JULIE P.  
Address        2941 FAIRVIEW DRIVE  
City-State-Zip: FALLS CHURCH VA 22042-4513

Title            TREASURER  
Name            FOGG, DAVID H.  
Address        GENERAL DYNAMICS CORPORATION  
VICE PRESIDENT & TREASURER 2941  
FAIRVIEW PARK DR.  
City-State-Zip: FALLS CHURCH VA 22042

Title            VP, DIRECTOR  
Name            GALLOPOULOS, GREGORY S.  
Address        2941 FAIRVIEW PARK DRIVE  
SUITE 100  
City-State-Zip: FALLS CHURCH VA 22042-4513

Title            DIRECTOR  
Name            AIKEN, JASON W.  
Address        3211 JERMANTOWN ROAD  
City-State-Zip: FAIRFAX VA 22030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE P. ASLAKSEN**SECRETARY****04/13/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date