

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 809991

1. Entity Name
GENERAL DYNAMICS CORPORATION



Principal Place of Business
**GOVERNMENT CONTRACTOR
3190 FAIRVIEW PARK DRIVE
FALLS CHURCH, VA 22042**

Mailing Address
**3190 FAIRVIEW PARK DR
FALLS CHURCH, VA 22042**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1673581

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BAIER, DAVID D
STREET ADDRESS	3190 FAIRVIEW PARK DR
CITY - ST - ZIP	FALLS CHURCH, VA
TITLE	SVGC
NAME	SAVNER, DAVID A
STREET ADDRESS	3190 FAIRVIEW PARK DR
CITY - ST - ZIP	FALLS CHURCH, VA 22042
TITLE	D
NAME	KAMINSKI, PAUL G
STREET ADDRESS	6691 RUTLEDGE DRIVE
CITY - ST - ZIP	FAIRFAX STATION, VA 22039
TITLE	CEOD
NAME	CHABRAJA, NICHOLAS D
STREET ADDRESS	3190 FAIRVIEW PARK DR
CITY - ST - ZIP	FALLS CHURCH, VA 23
TITLE	SVCF
NAME	MANCUSO, MICHAEL J
STREET ADDRESS	3190 FAIRVIEW PARK DR
CITY - ST - ZIP	FALLS CHURCH, VA 22042
TITLE	TVP
NAME	FOGG, DAVID H
STREET ADDRESS	3190 FAIRVIEW PARK DR
CITY - ST - ZIP	FALLS CHURCH, VA 22042

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**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/04

(703) 876-3347