

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90034 003 \*\*\*550.00

**DOCUMENT # 857323**

1. Entity Name  
**GENERAL DYNAMICS GOVERNMENT SYSTEMS CORPORATION**

Principal Place of Business  
 77TH A-STREET  
 77 "A" STREET  
 NEEDHAM MA 02194  
 US

Mailing Address  
 15000 CONFERENCE CTR DR  
 CHANTILLY VA 20151  
 US

00086998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1190245**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPGM	<input type="checkbox"/> Delete
NAME	DEMURO, GERARD J	
STREET ADDRESS	400 JOHN QUINCY ADAMS RD	
CITY-ST-ZIP	TAUNTON MA	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	DROST, MARIANNE	
STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UMLAH, RICHARD F	
STREET ADDRESS	77 "A" STREET	
CITY-ST-ZIP	NEEDHAM MA 02914	
TITLE	V	<input type="checkbox"/> Delete
NAME	DER MARDEROSIAN, ARMEN	
STREET ADDRESS	77 "A" STREET	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	VPGM	<input type="checkbox"/> Delete
NAME	DUTTON, ROBERT K	
STREET ADDRESS	254 SECOND AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHANDLER, MICHAEL E	
STREET ADDRESS	100 FERGUSON DR	
CITY-ST-ZIP	MOUNTAIN VIEW CA 95060	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See Attached	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See Attached	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See Attached	
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See Attached	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	See Attached	
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James L. Martin Date \_\_\_\_\_ Daytime Phone # 703 818 4000

CR2E034 (5/00)