

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90193 046 ***550.00

1607767
AT

DOCUMENT # 857323

1. Entity Name
GENERAL DYNAMICS GOVERNMENT SYSTEMS CORPORATION



Principal Place of Business
**77TH A-STREET
77 "A" STREET
NEEDHAM MA 02494
US**

Mailing Address
**15000 CONFERENCE CTR DR
CHANTILLY VA 20151
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1190245**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPGM** ☐ Delete
NAME **DEMURO, GERARD J**
STREET ADDRESS **400 JOHN QUINCY ADAMS RD**
CITY-ST-ZIP **TAUNTON MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVT** ☐ Delete
NAME **MANCUSO, MICHAEL J**
STREET ADDRESS **3190 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA 22042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **SAVNER, DAVID A**
STREET ADDRESS **3190 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA 22042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GARRITY, MICHAEL**
STREET ADDRESS **77 "A" STREET**
CITY-ST-ZIP **NEEDHAM MA 02494**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HOUSE, MARGARET N**
STREET ADDRESS **3190 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP **FALLS CHURCH VA 22042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Delete
NAME **MARTIN, JAMES L**
STREET ADDRESS **15000 CONFERENCE CENTER DR**
CITY-ST-ZIP **CHANTILLY VA 20151**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-03

Date

703-818-4448

Daytime Phone #

CR2E034 (10/02)