## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am Secretary of State **DOCUMENT #** F00000006844 1. Entity Name 03-26-2002 90026 020 \*\*\*150.00 GENERAL DYNAMICS MARINE SERVICES, INC. Principal Place of Business Mailing Address 2341 JEFFERSON DAVIS HIGHWAY, SUITE 1100 3190 FAIRVIEW PARK DR. **ARLINGTON VA 22202** FALLS CHURCH VA 22042-4523 2. Principal Place of Business 3. Mailing Address 700 Washington Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MS 1060 City & State City & State 4. FEI Number Applied For 54-1907210 Bath Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. **爱意社 地區 时间**5 AND ANDHARDIN RUBEL SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME CAMERON, ALLAN C STREET ADDRESS STREET ADDRESS 700 WASHINGON STREET CITY-ST-ZIP CITY-ST-ZIP **BATH ME 04530** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME BROWN, THOMAS A STREET ADDRESS STREET ADDRESS 700 WASHINGON STREET CITY-ST-ZIP CITY-ST-ZIP <u>BATH ME 04530</u> TDelete Change -- - Addition TITLE TITLE NAME NAME MANCUSO, MICHAEL J STREET ADDRESS STREET ADDRESS 3190 FAIRVIEW PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP FALLS CHURCH VA 22042-4523 TITLE Change ☐ Addition ☐ Delete TITLE CD NAME NAME WELCH, JOHN K STREET ADDRESS STREET ADDRESS 3190 FAIRVIEW PARK DRIVE CITY-ST-ZIP CITY-ST-ZiP FALLS CHURCH VA 22042-4523 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME SAVNER, DAVID A STREET ADDRESS STREET ADDRESS 3190 FAIRVIEW PARK DRIVE CITY-ST-ZIP CITY-ST-7IP FALLS CHURCH VA 22042-4523 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME BOWLER, R. THOMAS STREET ADDRESS STREET ADDRESS 700 WASHINGON STREET CITY-ST-ZIP CITY-ST-ZIP **BATH ME 04530**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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