

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90187 050 ***150.00

DOCUMENT # F02000003147

1. Entity Name

GENERAL DYNAMICS ARMAMENT AND TECHNICAL PRODUCTS, INC.



Principal Place of Business
128 LAKESIDE AVENUE
BURLINGTON VT 05401-4985

Mailing Address
P.O. BOX 2073
WARREN MI 48090-2073

2. Principal Place of Business

3. Mailing Address

128 LAKESIDE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BURLINGTON, VT

Zip

Country

05401

Country

USA

4. FEI Number

54-1828437

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 C ☐ Delete
NAME VEITCH, ARTHUR J
STREET ADDRESS 3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP FALLS CHURCH VA 22042-4523

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

TITLE VC ☐ Delete
NAME MANCUSO, MICHAEL J
STREET ADDRESS 3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP FALLS CHURCH VA 22042-4523

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

TITLE D ☐ Delete
NAME SAVNER, DAVID A
STREET ADDRESS 3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP FALLS CHURCH VA 22042-4523

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

TITLE DP ☐ Delete
NAME HUDSON, LINDA P
STREET ADDRESS 128 LAKESIDE AVENUE
CITY-ST-ZIP BURLINGTON VT 05401-4985

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

TITLE V ☒ Delete
NAME MORGAN, KENNETH R
STREET ADDRESS 128 LAKESIDE AVENUE
CITY-ST-ZIP BURLINGTON VT 05401-4985

TITLE V ☐ Change ☒ Addition
NAME SELEE, ROBERT
STREET ADDRESS 128 LAKESIDE AVENUE
CITY-ST-ZIP BURLINGTON, VT 05401

TITLE S ☐ Delete
NAME HOUSE, MARGARET N
STREET ADDRESS 3190 FAIRVIEW PARK DRIVE
CITY-ST-ZIP FALLS CHURCH VA 22042-4523

TITLE V ☐ Change ☒ Addition
NAME DAVIS, WILLIAM
STREET ADDRESS 128 LAKESIDE AVENUE
CITY-ST-ZIP BURLINGTON, VT 05401

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 or without other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SELEE

4/11/03 (802) 657-6752

Date

Daytime Phone #

CR2E034 (10/02)