
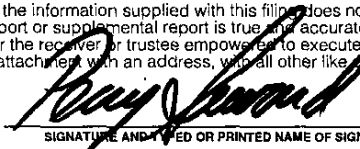


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90074 031 ***150.00

DOCUMENT # F03000002081			
1. Entity Name GENERAL DYNAMICS C4 SYSTEMS, INC.			
Principal Place of Business 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042		Mailing Address 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	
2. Principal Place of Business 400 John Quincy Adams Rd. Suite, Apt. #, etc.		3. Mailing Address 400 John Quincy Adams Rd. Suite, Apt. #, etc.	
City & State Taunton, MA Zip 02780 Country U.S.		City & State Taunton, MA Zip 02780 Country U.S.	
4. FEI Number 51-0421115		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMURO, GERARD J 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demuro, Gerard J 3190 Fairview Par Drive Falls Church, VA 22042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAVNER, DAVID A 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fried, MARKA 400 John Quincy Adams Rd. Taunton, MA 02780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSE, MARGARET N 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V marzilli, Christopher 400 John Quincy Adams Rd. Taunton, MA 02780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGG, DAVID H 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Secher, Edward M 400 John Quincy Adams Rd. Taunton, MA 02780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHLBERG, KENNETH C 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Perry Seward 400 John Quincy Adams Rd. Taunton, MA 02780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCUSO, MICHAEL J 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Asst. T Martin, James L. 1500 Conference Ct. Dr. Chantilly, VA 20151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Date: 3/9/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

24060000



01192004 Chg-P CR2E034 (10/03)