

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000452 (4)**

1. Corporation Name

GENERAL DYNAMICS LAND SYSTEMS, INC.



Principal Place of Business 38500 MOUND RD STERLING HEIGHTS MI 48310-3200 US	Mailing Address PO BOX 2073 ATTN: TAX DEPT WARREN MI 48090-2073 US
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3. Date Incorporated or Qualified 12/02/1992	3a. Date of Last Report 04/29/1996
4. FEI Number 54-0582680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

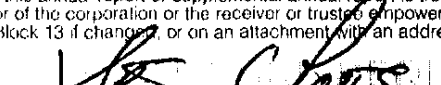
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TETRAULT, ROGER E		1.2 NAME VEITCH, ARTHUR J.	
STREET ADDRESS 38500 MOUND RD.		1.3 STREET ADDRESS 38500 MOUND ROAD	
CITY-ST-ZIP STERLING HEIGHTS MI		1.4 CITY-ST-ZIP STERLING HEIGHTS, MI 48310	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAYSMITH, CHARLES A		2.2 NAME	
STREET ADDRESS 38500 MOUND ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP STERLING HEIGHTS MI 48310-3268		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POTTS, STEVEN C		3.2 NAME	
STREET ADDRESS 38500 MOUND ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP STERLING HEIGHTS MI		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIED, THOMAS S		4.2 NAME	
STREET ADDRESS 38500 MOUND RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP STERLING HEIGHTS MI		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, CHARLES M		5.2 NAME	
STREET ADDRESS 38500 MOUND RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP STERLING HEIGHTS MI		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAVES, RICHARD G		6.2 NAME	
STREET ADDRESS 38500 MOUND ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP STERLING HEIGHTS MI 48310-3268		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/24/97** (810) 825-7002
Steven C. Potts VP & Controller

CR2E034 (9/96)