2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000452

Entity Name: GENERAL DYNAMICS LAND SYSTEMS, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
38500 MOL STERLING		MI 48310320	00 US					
Current Mailing Address:				New Mailing Address:				
PO BOX 2073 WARREN, MI 48090 US					38500 MOUND ROAD STERLING HEIGHTS, MI 483103200 US			
FEI Number:	54-0582680	FEI Numb	er Applied For()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Re	gistered Agent:		Name and	Address o	of New Registered Agent:	
in the State	TH PINE ISL DN, FL 333 named enti of Florida.	AND RD. 324 US	s statement for the pu	rpose of	f changing it	s registere	ed office or registered agent, or both,	
SIGNATUR		ronic Signatui	re of Registered Agen	t			 Date	
Election Cam		-	Contribution ().	-			2.00	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HEEBNER, I 38500 MOU		3103200		Title: Name: Address: City-St-Zip:	PD ROUALET, I 38500 MOU STERLING		
Title: Name: Address: City-St-Zip:	HALL, CHAR 2941 FAIRV	() Delete RLES M IEW PRK DR ST RCH, VA 22042			Title: Name: Address: City-St-Zip:		(X) Change () Addition RLES M /IEW PRK DR STE 100 JRCH, VA 220424513 US	
Title: Name: Address: City-St-Zip:	WHITED, GA 38500 MOU		3103200		Title: Name: Address: City-St-Zip:	P WHITED, G 38500 MOU STERLING		
Title: Name: Address: City-St-Zip:	SAVNER, DA 2941 FAIRV	() Delete AVID A IEW PARK DRIV RCH, VA 22042			Title: Name: Address: City-St-Zip:		(X) Change () Addition DAVID A VIEW PARK DRIVE STE 100 JRCH, VA 220424513 US	
Title: Name: Address: City-St-Zip:	ASD BABCOCK, I 38500 MOUI STERLING I		3103200		Title: Name: Address: City-St-Zip:	GCAS BABCOCK, 38500 MOU STERLING		
Title:	S	() Delete			Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ASLAKSEN, JULIE P

2941 FAIRVIEW PARK DRIVE STE 100

FALLS CHURCH, VA 220424513 US

SIGNATURE: GARY L. WHITED VP 04/13/2009

HOUSE, MARGARET N

2941 FAIRVIEW PARK DRIVE STE 100

FALLS CHURCH, VA 220424513

Name:

Address:

City-St-Zip: