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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

DOCUMENT # F93000003108 (8)

1. Corporation Name

GENERAL DYNAMICS LAND SYSTEMS TALLAHASSEE OPERATIONS, INC.

Principal Place of Business

2830 COMMONWEALTH BLVD.  
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 2073  
ATTN: TAX DEPARTMENT  
WARREN MI 48090-2073  
US



3. Date Incorporated or Qualified  
07/07/1993

3a. Date of Last Report  
04/29/1996

4. FEI Number

59-3157588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLEDSE, THOMAS A	
STREET ADDRESS	38500 MOUND ROAD	
CITY - ST - ZIP	STERLING HEIGHTS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELLISON, RUSSELL H	
STREET ADDRESS	2930 COMMONWEALTH BLVD.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POTTS, STEVEN C	
STREET ADDRESS	38500 MOUND ROAD	
CITY - ST - ZIP	STERLING HEIGHTS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PATRICK J	
STREET ADDRESS	38500 MOUND ROAD	
CITY - ST - ZIP	STERLING HEIGHTS MI 48310-3268	
TITLE	V	<input type="checkbox"/> DELETE
NAME	UMANOS, HENRY A	
STREET ADDRESS	38500 MOUND ROAD	
CITY - ST - ZIP	STERLING HEIGHTS MI 48310-3268	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HESSE, PAUL A	
STREET ADDRESS	3190 FAIRVIEW PARK DRIVE	
CITY - ST - ZIP	FALLS CHURCH VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Steven C. Potts*  
Signature and typed or printed name of signing officer or director  
Steven C. Potts VP & Controller

4/24/97

Date

(810) 825-7002

Daytime Phone #

CR2E034 (9/96)