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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F94000000896 (0)

1. Corporation Name

General Dynamics Ordnance Systems, Inc.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90043 005 ***150.00

Principal Ptac	e of Business	Mailing Address								
Lakeside Avenue Lakeside Av			enue							
Burln	gton, VT 05401-4985	Burlington,	VT	05401-	-498	5	·= ·			
	~				-	DO NOT WRIT	E IN THIS	SPACE		_
		•				3. Date Incorporated or Qualifed				Ì
2 Principal D	lace of Business	2a. Mailing Address				02/23/ 1994 4. FEI Number		ТТ	A 11 - 1 Fan	4
⊢ '	lace of business	⊢				52-1363242		\vdash	Applied For	\dashv
Suite, Apt.	# etc	26 Tax Departme	ent_					\$8.7	Not Applicable 5 Additional	┨
	m, 6 10.	<u>├</u>	D.	anla Dand	,	5. Certifcate of Status Desired			Required	
City & Stat	е	27 3190 Fairvie	<u> Pa</u>	IK DET	Lve	6. Election Campaign Financing			-	┦.
23		28 Falls Church, V.		1		• 1		0 May Be ed to Fees		
Country				itry	······································			٦.		
24	25	-	=	JSA		Personal Property Tax.	ти-усат-та	☐ Yes	I ∏No	
	9. Name and Address of Current			,,,,,,,	I	10. Name and Address of New R	egistered A	gent		┪
		<u> </u>		81 Name				•		1
Corpo	ration Service Compar	ıy	-							4
1201 Hays Street, Suite 10		=	1	82 Street	Address	s (P.O. Box Number is Not Acceptat	ble)			
	hassee, FL 32301		-	83						┨
										_
				B4 City			FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-named	corpora	tion submits this statement for the p	ourpose of o	hanging	its registered	1
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut ns of, Section 607.0505, Florid	horized la Statut	by the corpo tes.	oration's	s board of directors. I hereby accept	the appoin	tment as	registered	
SIGNATURE		V 00 V 0								
12.	Signature, typed or printed name of registered agent a OFFICERS AND	., .	13.	gent signature r	required wr	ADDITIONS/CHANGES TO OFF	DATE	DIREC	TORS IN 12	$\dashv 3$
TITLE C	d Strice to And	☐ DELETE	1.1 TITL	F		ADDITIONS/GIVATOED TO GIV	TOLINO AIN	Chang		; †;
NAME	Leenstra, Kenneth		1.2 NAM						,	,
STREET ADDRESS				EET ADDRESS						}
	05/03/005			-ST-ZIP						
CITY-ST-ZIP TITLE	P	DELETE	2.1 TITL					☐ Chan	ge 🗍 Addition	; ;
NAME I	-		2.2 NAW						go (
	Horgan, Kennech K.			_						
STREET ADDRESS				EET ADDRESS	1					
CITY-ST-ZIP	Burlington, VT 054	DELETE		Y-ST-ZIP				Chang	ae [] Addition	+
TITLE	VF		3.1 TITL					☐ Citatié	ge	
NAME	Senese, Richard M.	_	3.2 NAM	i			_			
STREET ADDRESS	Lakeside Avenue			EET AOURESS				******		1
CITY-ST-ZIP	Burlington, VT 054	01-4985	#	Y-ST-ZIP						4
TITLE	D	☐ DETE IE	4.1 TITL	Í	ł			Chang	ge 🔲 Addition	1
NAME	England, Gordon R.		4. 2 NAA	ME						
STREET ADDRESS	3190 Fairview Park	Drive	4.3 STR	EET ADDRESS						
CITY-ST-ZIP	Falls Church, VA 2		B	'-ST-ZIP						4
TITLE	T	☐ DELETE	5.1 TITL					Chang	e	
NAME	Mancuso, Michael J.		5.2 NAM							İ
STREET ADDRESS	3190 Fairview Park	Drive	5.3 STRI	EET ADDRESS						
CITY-ST-ZIP	[†] Falls Church, VA 2	2042	5.4 CITY	-ST-ZIP						1
TITLE	S	☐ DÉLETE	6.1 TITLI	E				Chang	e 🔲 Addition	1
NAME	House, Margaretr N.		6.2 NAM	- •	I					1
I	nouse, nargarett N.		C.Z INAW	•						
STREET ADDRESS	3190 Fairview Park			EET ADDRESS						

14. 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 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, with all other like empowered.

CITY-ST-ZIP

703-876-3000