

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

#150

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                           |
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| DOCUMENT # F96000003713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                 |                                                                                                                                                                           |
| 1. Entity Name<br>GENERAL DYNAMICS ORDNANCE AND TACTICAL<br>SYSTEMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                           |
| Principal Place of Business<br>10101 M.L.K. STREET NORTH<br>SAINT PETERSBURG, FL 33716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | Mailing Address<br>10101 M.L.K. STREET NORTH<br>SAINT PETERSBURG, FL 33716                                                                                                                       |                                                                                                                                                                           |
| 2. Principal Place of Business<br>10101 Dr. MLK Street North<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | 3. Mailing Address<br>10101 Dr. MLK St. North<br>Suite, Apt. #, etc.                                                                                                                             |                                                                                                                                                                           |
| City & State<br>St. Petersburg, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | City & State<br>St. Petersburg, FL                                                                                                                                                               |                                                                                                                                                                           |
| Zip<br>33716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | Zip<br>33716                                                                                                                                                                                     |                                                                                                                                                                           |
| Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | Country<br>USA                                                                                                                                                                                   |                                                                                                                                                                           |
| 4. FEI Number<br>06-1458069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   | Applied For<br>Not Applicable                                                                                                                                                                    |                                                                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | \$8.75 Additional<br>Fee Required                                                                                                                                                                |                                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>DAMERON, DEL S<br>10101 M.L.K. ST. NORTH<br>ST. PETERSBURG, FL 33716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name: Dameron, Del S.<br>Street Address (P.O. Box Number is Not Acceptable)<br>10101 Dr. MLK St. North<br>City: St. Petersburg FL Zip Code: 33716 |                                                                                                                                                                           |
| 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.<br>SIGNATURE: <u>Del S. Dameron</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/15/05</u>                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                               |                                                                                                                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                            |                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>MANCUSO, MICHAEL J<br>3190 FAIRVIEW PARK DR<br>FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | D<br>Mancuso, Michael J.<br>2941 Fairview Park Dr., Suite 100<br>Falls Church, VA 22042-4513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>VEITCH, ARTHUR J<br>3190 FAIRVIEW PARK DRIVE<br>FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | D<br>Veitch, Arthur J.<br>2941 Fairview Park Dr., Suite 100<br>Falls Church, VA 22042-4513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>WILSON, MICHAEL S<br>10101 M.L.K. STREET NORTH<br>SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | 500054343995<br>05/12/05--01078--005 **791.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VGC<br>DAMERON, DEL S<br>10101 M.L.K. STREET NORTH<br>SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DV<br>SAVNER, DAVID A<br>3190 FAIRVIEW PARK DRIVE<br>FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | DV<br>Savner, David A.<br>2941 Fairview Park Dr., Suite 100<br>Falls Church, VA 22042-4513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>PICKER, JACKSON C<br>10101 M.L.K. STREET NORTH<br>ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input 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: <u>Del S. Dameron</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | 4/15/05<br>Lisa Golden, Paralegal<br>227-578-8340<br>Daytime Phone #                                                                                                                             |                                                                                                                                                                           |