

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 # F98000003177

1. Corporation Name

GENERAL DYNAMICS DEFENSE SYSTEMS, INC.

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90097 002 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
100 PLASTICS AVENUE PITTSFIELD MA 01201		100 PLASTICS AVENUE PITTSFIELD MA 01201	
2. Principal Place of Business	2a. Mailing Address		
21	26 Tax Department		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27 3190 Fairview Park Drive		
City & State		City & State	
23	28 Falls Church, VA		
Zip		Zip	
24	29 22042	30	USA

3. Date Incorporated or Qualified	
06/03/1998	
4. FEI Number	Applied For
54-1828438	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMUTTE, DANIEL P	1.2 NAME	
STREET ADDRESS	100 PLASTICS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA 01201	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESSE, PAUL A	2.2 NAME	Margaret N. House
STREET ADDRESS	100 PLASTICS AVENUE	2.3 STREET ADDRESS	3190 Fairview Park Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	2.4 CITY-ST-ZIP	Falls Church, VA 22042
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, ALBERT F	3.2 NAME	
STREET ADDRESS	100 PLASTICS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA 01201	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, JAMES J	4.2 NAME	Mancuso, Michael J.
STREET ADDRESS	100 PLASTICS AVENUE	4.3 STREET ADDRESS	3190 Fairview Park Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	4.4 CITY-ST-ZIP	Falls Church, VA 22042
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSZANSKYJ, FEDOR	5.2 NAME	Fogg, David H.
STREET ADDRESS	100 PLASTICS AVENUE	5.3 STREET ADDRESS	3190 Fairview Park Drive
CITY-ST-ZIP	PITTSFIELD MA 01201	5.4 CITY-ST-ZIP	Falls Church, VA 22042
TITLE	VC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, RICHARD A	6.2 NAME	
STREET ADDRESS	100 PLASTICS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA 01201	6.4 CITY-ST-ZIP	

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.

Margaret N. House

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

703-876-3000

Daytime Phone #

CR2E034 (1/1/98)