

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003177

1. Entity Name

GENERAL DYNAMICS DEFENSE SYSTEMS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90295 036 ***150.00

Principal Place of Business

100 PLASTICS AVENUE
PITTSFIELD MA 01201

Mailing Address

% TAX DEPARTMENT
3190 FAIRVIEW PARK DR.
FALLS CHURCH VA 22042

532665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15000 Conference Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chantilly VA

Zip

Country

Zip

Country

20151

4. FEI Number 54-1828438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMUTTE, DANIEL P	
STREET ADDRESS	100 PLASTICS AVENUE	
CITY-ST-ZIP	PITTSFIELD MA 01201	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOUSE, MARGARET N	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KOCH, ALBERT F	
STREET ADDRESS	100 PLASTICS AVENUE	
CITY-ST-ZIP	PITTSFIELD MA 01201	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MMANCUSO, MICHAEL J	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOGG, DAVID H	
STREET ADDRESS	3190 FAIRVIEW PARK DR	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	VC	<input type="checkbox"/> Delete
NAME	POPE, RICHARD A	
STREET ADDRESS	100 PLASTICS AVENUE	
CITY-ST-ZIP	PITTSFIELD MA 01201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarner, David A.	
STREET ADDRESS	3190 Fairview Park Dr.	
CITY-ST-ZIP	Falls Church, VA 22042	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mancuso, Michael J	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 703-818-4924

CR2E034 (10/00)