

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90193 045 \*\*\*550.00

**DOCUMENT # F98000003177**

1. Entity Name  
**GENERAL DYNAMICS DEFENSE SYSTEMS, INC.**



Principal Place of Business  
**100 PLASTICS AVENUE  
PITTSFIELD MA 01201**

Mailing Address  
**3190 FAIRVIEW PARK DRIVE  
FALLS CHURCH VA 22042-4523**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1828438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SCHMUTTE, DANIEL P**  
STREET ADDRESS **8800 QUEEN AVENUE SOUTH**  
CITY-ST-ZIP **BLOOMINGTON MN 55431-1996**

TITLE **Assistant Treasurer** ☐ Change ☒ Addition  
NAME **James L. Martin**  
STREET ADDRESS **15000 Conference Ctr Dr**  
CITY-ST-ZIP **Chantilly VA 20151**

TITLE **VPC** ☐ Delete  
NAME **POPE, RICHARD A**  
STREET ADDRESS **100 PLASTICS AVENUE**  
CITY-ST-ZIP **PITTSFIELD MA 01201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPTD** ☐ Delete  
NAME **TWEED-KENT, MICHAEL A**  
STREET ADDRESS **100 PLASTICS AVENUE**  
CITY-ST-ZIP **PITTSFIELD MA 01201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **HOUSE, MARGARET N**  
STREET ADDRESS **3190 FAIRVIEW PARK DR**  
CITY-ST-ZIP **FALLS CHURCH VA 22042-4523**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **FOGG, DAVID H**  
STREET ADDRESS **3190 FAIRVIEW PARK DR**  
CITY-ST-ZIP **FALLS CHURCH VA 22042-4523**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **GCAS** ☐ Delete  
NAME **GRAY, A. ALLEN**  
STREET ADDRESS **100 PLASTICS AVENUE**  
CITY-ST-ZIP **PITTSFIELD MA 01201**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-23-03** Daytime Phone # **703-818-4448**

0622023 AT

CR2E034 (10/02)