## 2006 LIMITED LIABILITY COMPANY

## Jan 17, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M03000002485** 01-17-2006 90065 002 \*\*\*\*50.00 GENÉRAL DYNAMICS OTS (SOUTHERN MUNITIONS), Principal Place of Business Mailing Address 20001101 11399 16TH COURT N. SUITE 200 11399 16TH COURT N. SUITE 200 ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 42-1599985 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMERON, DEL S ESQ. 11399 16TH COURT NORTH, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33716 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Addition TITLE MGR Delete TITLE ☐ Change VEITCH, ARTHUR J Charles M. Hall 2941 FAIRVIEW PARK DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS 2941 Fairview Park Drive, Suite 100 CITY-ST-ZIP **FALLS CHURCH, VA 220424513** CITY-ST-ZIP Falls Church, VA 22042-4513 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAVNER, DAVID A NAME 2941 FAIRVIEW PARK DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS FALLS CHURCH, VA 220424513 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE Delete MANCUSO, MICHAEL J NAME NAME STREET ADDRESS 2941 FAIRVIEW PARK DRIVE, SUITE 100 STREET ADDRESS FALLS CHURCH, VA 220424513 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Del S. Dameron

General Counsel

727-578-8340

☐ Change

☐ Addition

FILED

Daytime Phone #