

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90242 007 ***150.00

DOCUMENT # P12324

1. Entity Name
GENERAL DEFENSE CORPORATION

Principal Place of Business Mailing Address
10101 9 ST N./ATTN: LEGAL DEPARTMENT **C/O PRIMEX TECHNOLOGIES, INC.**
P O BOX 21606 **10101 9TH STREET NORTH**
ST PETERSBURG FL 33716 **ST. PETERSBURG FL 33716-3807**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **23-1932238** 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 Name **George H. Pain**
1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 **10101 Ninth St. North**

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.

SIGNATURE **George H. Pain** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD Delete <input checked="" type="checkbox"/>	NAME CATANI, A A	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	
TITLE V Delete <input type="checkbox"/>	NAME WILSON, M S	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	
TITLE VS Delete <input type="checkbox"/>	NAME PAIN, GEORGE H	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	
TITLE T Delete <input type="checkbox"/>	NAME CURLEY, STEPHEN C	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	
TITLE DV Delete <input type="checkbox"/>	NAME DEMAIRE, J. DOUGLAS	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	
TITLE CEOD Delete <input type="checkbox"/>	NAME HASCALL, J G	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 10101 9TH STREET NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33716	NAME	

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: **George H. Pain** Date Daytime Phone # **727-578-8116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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Attachment
BU058294

Additions to Officer and Director Listing (Box #11)

V/AS

Fischer, John E.
10101 9th St. North
St. Petersburg, FL 33716

S

Hudkins, John W.
10101 9th St. North
St. Petersburg, FL 33716