

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90058 012 \*\*\*150.00

**DOCUMENT # P12324**  
 1. Entity Name  
**GENERAL DEFENSE CORPORATION**

Principal Place of Business 10101 9 ST N./ATTN: LEGAL DEPARTMENT P O BOX 21606 ST PETERSBURG FL 33716 US	Mailing Address C/O PRIMEX TECHNOLOGIES, INC. 10101 9TH STREET NORTH ST. PETERSBURG FL 33716 US
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2. Principal Place of Business <b>10101 9th St. North</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Petersburg, FL</b>	City & State	4. FEI Number <b>23-1932238</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33716</b>	Country <b>USA</b>	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PAIN, GEORGE H**  
**10101 NINTH ST. NORTH**  
**SAINT PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ 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. (See criteria on back) <input checked="" type="checkbox"/>	<del>FILE NOW!!! FEE IS \$150.00</del> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, M S	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	PAIN, GEORGE H	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURLEY, STEPHEN C	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMAIRE, J. DOUGLAS	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HASCALL, J G	
STREET ADDRESS	10101 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATD	
STREET ADDRESS	John E. Fischer	
CITY-ST-ZIP	10101 9th St. North	
	St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Addition

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: **1/17/01** Daytime Phone #: **727-578-8116**

CR2E034 (10/00)