CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # P12324 **Secretary of State** 1. Entity Name GENERAL DYNAMICS OTS (PENNSYLVANIA), INC. 03-14-2002 90028 003 ***150.00 Principal Place of Business Mailing Address 10101 9 ST NORTH C/O PRIMEX TECHNOLOGIES, INC. ST PETERSBURG FL 33716 10101 9TH STREET NORTH ST. PETERSBURG FL 33716 US 2. Principal Place of Business 3. Mailing Address C/o General Dynamics Ordnauce and Suite, Apt. #, etc. Suite, Apt. #, etc. Tactical Systems DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1932238 Not Applicable Zip Country Country \$8.75 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 PAIN, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 10101 NINTH ST. NORTH SAINT PETERSBURG FL 33716 City 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 4 TITLE (7) Change ☐ Delete ☐ Addition PD WILSON, M S NAME NAME 10101 9TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-STEZIF ST. PETERSBURG FL 33716 CITY-ST-ZIP TITI F VAS ☐ Delete TITLE V5 Change ☐ Addition PAIN, GEORGE H NAME NAME STREET ADDRESS 10101 9TH STREET NORTH STREET ADDRESS CITY_ST-ZIP ST. PETERSBURG FL 33716 CITY-ST-ZIP_ Delete TITLE ☐ Change **Addition** Gary L Whited 1010 1 9th Street N NAME CURLEY, STEPHEN C NAME STREET ADDRESS 10101 9TH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** Arthur J. Veitch NAME DEMAIRE, J. DOUGLAS NAME 390 Fairview Park Dr. STREET ADDRESS 10101 9TH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716 CITY-ST-ZIP Fails Church, VA 22042 TITLE Delete Addition CEOD TITLE ☐ Change NAME HASCALL, J G NAME David A. Savner 3190 Fairview Park Dr. STREET ADDRESS 10101 9TH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716 CITY-ST-ZIP Falls Church, VA 22042 TITLE TITI F Delete ☐ Change Addition Margaret N. House 3190 Fairview Park Dr. NAME FISHER, JOHN E NAME STREET ADDRESS 10101 9TH ST NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33716 CITY-ST-ZIP Fails Church, VA 22042 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

Daytime Phone #