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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # **P13650** **(7)**

1. Corporation Name
GENERAL DYNAMICS SERVICES COMPANY

Principal Place of Business	Mailing Address
P O BOX 760 TROY MI 48099-0760 US	P O BOX 760 TROY MI 48099-0760 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 38500 Mound Road	26 P.O. Box 2073
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sterling Heights, MI	City & State 28 Warren, MI
Zip / Country 24 48310 / 25 USA	Zip / Country 29 48090-2073 / 30 USA

4. FEI Number: **43-1139568** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	TETRAULT, ROGER E.	12 NAME		
STREET ADDRESS	38500 MOUND ROAD	13 STREET ADDRESS		
CITY ST ZIP	STERLING HGTS MI	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, PATRICK J.	22 NAME		
STREET ADDRESS	38500 MOUND ROAD	23 STREET ADDRESS		
CITY ST ZIP	STERLING HGTS MI	24 CITY ST ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CLIFFORD L.	32 NAME		
STREET ADDRESS	38500 MOUND ROAD	33 STREET ADDRESS		
CITY ST ZIP	STERLING HGTS MI	34 CITY ST ZIP		
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	MANCUSO, MICHAEL J.	42 NAME	John V. Leonard, Jr.	
STREET ADDRESS	38500 MOUND ROAD	43 STREET ADDRESS	38500 Mound Road	
CITY ST ZIP	STERLING HGTS MI	44 CITY ST ZIP	Sterling Heights, MI	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	KLOBASA, E. ALAN	52 NAME		
STREET ADDRESS	3190 FAIRVIEW PARK DR.	53 STREET ADDRESS		
CITY ST ZIP	FALLS CHURCH VA	54 CITY ST ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	CARTER, JOHN D	62 NAME		
STREET ADDRESS	295 KIRTS BLVD.	63 STREET ADDRESS		
CITY ST ZIP	TROY MI	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.V. Leonard Jr. 4/3/95 (810) 825-7220
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
J. V. LEONARD, JR.

0407080 FP