FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

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

DOCUMENT # **P39020** **(3)**

1. Corporation Name
GENERAL DYNAMICS BASE CORPORATION

Principal Place of Business
295 KIRTS BLVD.
TROY MI 48084

Mailing Address
295 KIRTS BLVD.
TROY MI 48084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 38500 Mound Road
22 Suite, Apt. #, etc.
23 City & State: Sterling Heights, MI
24 Zip: 48310
25 Country: USA

2a. Mailing Address
26 P.O. Box 2073
27 Suite, Apt. #, etc.
28 City & State: Warren, MI
29 Zip: 48090-2073
30 Country: USA

4. FEI Number: 38-3020690 — 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 _____ (Signature (typed or printed) of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	1.1 TITLE		☐ Change ☐ Addition
NAME	WIED, THOMAS S.	1.2 NAME		
STREET ADDRESS	38500 MOUND RD.	1.3 STREET ADDRESS		
CITY ST ZIP	STERLING HGTS MI	1.4 CITY ST ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	BALTA, DENIZ	2.2 NAME		
STREET ADDRESS	295 KIRTS BLVD.	2.3 STREET ADDRESS		
CITY ST ZIP	TROY MI	2.4 CITY ST ZIP		
TITLE	VPT	3.1 TITLE	VPT	☒ Change ☐ Addition
NAME	MANCUSO, MICHAEL J.	3.2 NAME	John V. Leonard, Jr.	
STREET ADDRESS	38500 MOUND ROAD	3.3 STREET ADDRESS	38500 Mound Road	
CITY ST ZIP	STERLING HGTS. FL	3.4 CITY ST ZIP	Sterling Heights, MI	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	KLOBASA, ALAN E.	4.2 NAME		
STREET ADDRESS	3190 FAIRVIEW PARK DR.	4.3 STREET ADDRESS		
CITY ST ZIP	FALLS CHURCH VA	4.4 CITY ST ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, JOHN D.	5.2 NAME		
STREET ADDRESS	295 KIRTS BLVD.	5.3 STREET ADDRESS		
CITY ST ZIP	TROY MI	5.4 CITY ST ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	HOUSE, MARGARET N.	6.2 NAME		
STREET ADDRESS	3190 FAIRVIEW PARK DR.	6.3 STREET ADDRESS		
CITY ST ZIP	FALLS CHURCH VA	6.4 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)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J.V. LEONARD, JR.

4/3/95 (810) 825-7220
Date Daytime Phone #

0446681 FP