

Edgar Filing: GENERAL KINETICS INC - Form 5

GENERAL KINETICS INC  
 Form 5  
 July 13, 2001

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 WASHINGTON, D.C. 20549

FORM 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

1. Name and Address of Reporting Person

McConnell, Richard J.  
 c/o General Kinetics Incorporated  
 10688-D Crestwood Drive  
 Manassas, VA 20110

2. Issuer Name and Ticker or Trading Symbol

General Kinetics Incorporated (GKIN)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

5/01

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
 Director ( ) 10% Owner ( ) Officer (give title below)  
 ( ) Other (specify below)

7. Individual or Joint/Group Reporting (Check Applicable Line)

- Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security | 2. Transaction Date | 3. Code (Instr. 3, 4 and 5) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount | 6. Price | 7. Amount of Securities Beneficially Owned at End of Year (Instr. 3 and 4) |
|----------------------|---------------------|-----------------------------|---|-----------|----------|--|
|                      |                     |                             |   |           |          |  |
|                      |                     |                             |   |           |          |  |
|                      |                     |                             |   |           |          |  |
|                      |                     |                             |   |           |          |  |



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See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed.  
If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.