

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 18 PM 7:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Gandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854024 (7)**

1. Corporation Name  
**UNC AIRWORK CORPORATION**

Principal Place of Business <b>UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401</b>	Mailing Address <b>UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>09/09/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>95-3751258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

**FL**

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, typed or printed 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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEVENSTEIN, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	1.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAHEY, JAMES P.</b>	2.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRPOLSKY, RONALD G</b>	3.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DVS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGE, RICHARD H.</b>	4.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRERICHS, HERBERT D</b>	5.2 NAME	<b>DELETE</b>
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUBB, GREGORY M.</b>	6.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANNAPOLIS MD</b>	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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** James P. Fahey **JAMES P. FAHEY, ASST. TREASURER** **4/13/95** **(410) 266-7333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period