

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 854024 (7)

1. Corporation Name
UNC AIRWORK CORPORATION



Principal Place of Business Mailing Address
UNC INCORPORATED - TAX DEPARTMENT
175 ADMIRAL COCHRANE DR.
ANNAPOLIS MD 21401

3. Date Incorporated or Qualified **09/09/1982** 3a. Date of Last Report **04/18/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		95-3751258	Not Applicable
22	23	27	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip	Country	Zip		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVENSTEIN, ROBERT L.	1.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, JAMES P.	2.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZARNECKI, GERALD M	3.2 NAME	DIRECTOR/PRESIDENT
STREET ADDRESS	175 ADMIRAL COCHRANE DR	3.3 STREET ADDRESS	BONASIA, JOHN J.
CITY-ST-ZIP	ANNAPOLIS MD	3.4 CITY-ST-ZIP	175 ADMIRAL COCHRANE DRIVE
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, RICHARD H.	4.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBB, GREGORY M.	5.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ASSISTANT SECRETARY
STREET ADDRESS		6.3 STREET ADDRESS	KROUPA, SHARON A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	175 ADMIRAL COCHRANE DRIVE
			ANNAPOLIS, MD 21401

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)(k), 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: James P. Fahey James P. Fahey, Assistant Treasurer 4/18/96 (410) 266-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #

CR2E034 (12/95)