

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 JUL 17 AM 8:39**

**DOCUMENT # F94000006345 (2)**

1. Corporation Name

**ARINC INCORPORATED**

Principal Place of Business

Mailing Address

2551 RIVA ROAD  
 ANNAPOLIS MD 21401

2551 RIVA ROAD  
 ANNAPOLIS MD 21401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

12/13/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

53-0023720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH 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

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 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 PD  
 NAME PIERCE, JAMES L  
 STREET ADDRESS 3104 LANDFALL LANE  
 CITY-ST-ZIP ANNAPOLIS MD 21403

1 1 TITLE  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY-ST-ZIP

Change Addition

TITLE VCFO  
 NAME JONES, RICHARD F  
 STREET ADDRESS 2945 EXCELSIOR SPRINGS COURT  
 CITY-ST-ZIP ELLICOTT CITY MD 21042

2 1 TITLE  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY-ST-ZIP

Change Addition

TITLE T  
 NAME DECKER, JOAN L  
 STREET ADDRESS 6514 S WIND CIRCLE  
 CITY-ST-ZIP COLUMBIA MD 21044

3 1 TITLE  
 3 2 NAME  
 3 3 STREET ADDRESS  
 3 4 CITY-ST-ZIP

Change Addition

TITLE S  
 NAME SMITH, JOHN C  
 STREET ADDRESS 3495 OLYMPIA ROAD  
 CITY-ST-ZIP DAVIDSONVILLE MD 21035

4 1 TITLE  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY-ST-ZIP

Change Addition

TITLE AS  
 NAME SADLER, A. JAMES  
 STREET ADDRESS 710 PETERSBURG ROAD  
 CITY-ST-ZIP DAVIDSONVILLE MD 21035

5 1 TITLE  
 5 2 NAME  
 5 3 STREET ADDRESS  
 5 4 CITY-ST-ZIP

Change Addition

TITLE D  
 NAME HARPER, JOHN  
 STREET ADDRESS 2345 CRYSTAL DR., CRYSTAL PARK FOUR  
 CITY-ST-ZIP ARLINGTON VA 22227

6 1 TITLE  
 6 2 NAME  
 6 3 STREET ADDRESS  
 6 4 CITY-ST-ZIP

Change Addition

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 partner 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.

**A. JAMES SADLER**

**CONTROLLER & ASSISTANT SECRETARY 20, 1995 410-266-4000**

SIGNATURE:

SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)