

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006345 (2)**

1. Corporation Name
ARINC INCORPORATED



Principal Place of Business: **2551 RIVA ROAD ANNAPOLIS MD 21401**
Mailing Address: **2551 RIVA ROAD ANNAPOLIS MD 21401**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report: **07/17/1995**
4. FEI Number: **53-0023720**
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

**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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, JAMES L	1.2 NAME	
STREET ADDRESS	3104 LANDFALL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21403	1.4 CITY-ST-ZIP	
TITLE	VCFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RICHARD F	2.2 NAME	
STREET ADDRESS	2945 EXCELSIOR SPRINGS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD 21042	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, JOAN L	3.2 NAME	
STREET ADDRESS	6514 S WIND CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN C	4.2 NAME	
STREET ADDRESS	3495 OLYMPIA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, A. JAMES	5.2 NAME	
STREET ADDRESS	710 PETERSBURG ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOHN	6.2 NAME	
STREET ADDRESS	2345 CRYSTAL DR., CRYSTAL PARK FOUR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22227	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)(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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. J. Sadler
Controller &
Asst. Secretary

4/24/96

(410)266-4000

CR2E034 (12/95)