

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006345 (2)**  
 1. Corporation Name  
**ARINC INCORPORATED**



Principal Place of Business <b>2551 RIVA ROAD ANNAPOLIS MD 21401</b>	Mailing Address <b>2551 RIVA ROAD ANNAPOLIS MD 21401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/13/1994</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>53-0023720</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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 <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, JAMES L</b>	1.2 NAME	
STREET ADDRESS	<b>3104 LANDFALL LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANNAPOLIS MD 21403</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VCFO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, RICHARD F</b>	2.2 NAME	
STREET ADDRESS	<b>2945 EXCELSIOR SPRINGS COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLCOTT CITY MD 21042</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECKER, JOAN L</b>	3.2 NAME	
STREET ADDRESS	<b>6514 S WIND CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JOHN C</b>	4.2 NAME	
STREET ADDRESS	<b>3495 OLYMPIA ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIDSONVILLE MD 21035</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLER, A. JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>710 PETERSBURG ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIDSONVILLE MD</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>2345 CRYSTAL DR., CRYSTAL PARK FOUR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA 22227</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **A. James Sadler**  
**Treasurer**

CR2E034 (10/97)