


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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90251 008 \*\*\*300.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006345**  
 1. Corporation Name  
**ARINC INCORPORATED**

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

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

3. Date Incorporated or Qualified <b>12/13/1994</b>	Applied For Not Applicable
4. FEI Number <b>53-0023720</b>	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIERCE, JAMES L	
STREET ADDRESS	3104 LANDFALL LANE	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	JONES, RICHARD F	
STREET ADDRESS	2945 EXCELSIOR SPRINGS COURT	
CITY-ST-ZIP	ELLICOTT CITY MD 21042	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DECKER, JOAN L	
STREET ADDRESS	6514 S WIND CIRCLE	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN C	
STREET ADDRESS	3495 OLYMPIA ROAD	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SADLER, A. JAMES	
STREET ADDRESS	710 PETERSBURG ROAD	
CITY-ST-ZIP	DAVIDSONVILLE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, JOHN	
STREET ADDRESS	2345 CRYSTAL DR., CRYSTAL PARK FOUR	
CITY-ST-ZIP	ARLINGTON VA 22227	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **01/18/99** DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)