


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006345
 1. Entity Name
ARINC INCORPORATED



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

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
53-0023720 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BELCHER, JOHN M 1625 JOHN ROSS LANE CROWNSVILLE, MD 21032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO JONES, RICHARD F 2945 EXCELSIOR SPRINGS COURT ELLCOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DECKER, JOAN L 6514 S WIND CIRCLE COLUMBIA, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JOHN C 3495 OLYMPIA ROAD DAVIDSONVILLE, MD 21035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADLER, A. JAMES 710 PETERSBURG ROAD DAVIDSONVILLE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, JOHN 2345 CRYSTAL DR., CRYSTAL PARK FOUR ARLINGTON, VA 22227

DO NOT WRITE IN THIS SPACE

000000214475
 02/04/05-80014-005 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan L. Decker 2/4/05 410-216-4306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #