

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 # **F95000006098 (6)**

1. Corporation Name

~~UNC PARTS ACQUISITION COMPANY, INC.~~

UNC PARTS COMPANY

NC
3-28-96
JCB



Principal Place of Business

C/O UNC INC., TAX DEPT.
175 ADMIRAL COCHRANE DR
ANNAPOLIS MD 21401

Mailing Address

C/O UNC INC., TAX DEPT.
175 ADMIRAL COCHRANE DR
ANNAPOLIS MD 21401

3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

52-1913036

3a. Date of Last Report

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 the filing agent)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEVENSTEIN, ROBERT L	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LANGE, RICHARD H	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUBBE, GREGORY M	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FAHEY, JAMES P	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROUPA, SHARON A	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3-2 NAME	BUBB, GREGORY M.
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	300001807733
5-4 CITY-ST-ZIP	-05/06/96--01004--024
6-1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6-2 NAME	***200.00
6-3 STREET ADDRESS	
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 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.

SIGNATURE:

James P. Fahey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Fahey, Asst. Treasurer

4/18/96

(410) 266-7333

CR2E034 (12/95)

5-1-96
JP