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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006098 (6)**

1. Corporation Name  
**UNC PARTS COMPANY**

Principal Place of Business <b>C/O UNC INC., TAX DEPT. 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401</b>	Mailing Address <b>C/O UNC INC., TAX DEPT. 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401-7367</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>52-1913036</b>	Applied For <input type="checkbox"/> Not Applicable
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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T 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 607.0502 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	DP <b>PEVENSTEIN, ROBERT L</b> 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS <b>LANGE, RICHARD H</b> 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>TERRI E. TRAUTH</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>175 ADMIRAL COCHRANE DRIVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>ANNAPOLIS, MD 21401</b>
TITLE	DT <b>BUBB, GREGORY M</b> 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T <b>FAHEY, JAMES P</b> 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S <b>KROUPA, SHARON A</b> 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>KENNETH G. MOSESIAN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>175 ADMIRAL COCHRANE DRIVE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ANNAPOLIS, MD 21401</b>

14. I do 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.

SIGNATURE: James P. Fahey **JAMES P. FAHEY, ASSISTANT TREASURER** 4/10/97 (410) 266-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)