

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

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**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006098 (6)
1. Corporation Name
UNC PARTS COMPANY

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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 2a. Mailing Address Suite, Apt. #, etc.	27 City & State	28 SCHENECTADY NY	29 Zip 12301-2216	30 Country
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3. Date Incorporated or Qualified 12/14/1995	
4. FEI Number 52-1913036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**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

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PEVENSTEIN, ROBERT L	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	TRAUTH, TERRI E	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BUBB, GREGORY M	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FAHEY, JAMES P	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KROUPA, SHARON A	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOSESAN, KENNETH G	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORNSTEIN, JEFFREY S.	
1.3 STREET ADDRESS	1 NEUMANN WAY	
1.4 CITY-ST-ZIP	CINCINNATI, OH 45215	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENDERSON, STEPHEN P.	
2.3 STREET ADDRESS	1 NEUMANN WAY	
2.4 CITY-ST-ZIP	CINCINNATI, OH 45215	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VARESCHI, WILLIAM P.	
3.3 STREET ADDRESS	1 NEUMANN WAY	
3.4 CITY-ST-ZIP	CINCINNATI, OH 45215	
4.1 TITLE	VP & ASST. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUCHANAN, MARK E.	
4.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.	
4.4 CITY-ST-ZIP	ALBANY, NY 12211	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP & ASST. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	YANOVER, FRANK	
6.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.	
6.4 CITY-ST-ZIP	ALBANY, NY 12211	

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.

CR2E034 (10/97)

For Year: 1998

4/27/98

100097
UNC Parts Company
521913036

Name	Title	Business Address
Jeffrey S. Bornstein	Director	1 Neumann Way Cincinnati OH 45215 US
Jeffrey S. Bornstein	Vice President	1 Neumann Way Cincinnati OH 45215 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Steven Dunning	Treasurer	1 Neuman Way Cincinnati OH 45215 US
Jim Fahey	Assistant Treasurer	175 Admiral Cochrane Drive Annapolis 21401 US
Stephen P. Henderson	Secretary	1 Neumann Way Cincinnati OH 45215 US
Sharon A. Kroupa	Assistant Secretary	
Paul X. McLain	Assistant Vice President	175 Admiral Cochrane Drive Annapolis 21401 US
William J. Vareschi	President	1 Neumann Way Cincinnati OH 45215
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211