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FILED
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 # P25398 (9)

1. Corporation Name
UNC ARDCO INCORPORATED



Principal Place of Business % 175 ADMIRAL COCHRANE DRIVE %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401	Mailing Address % 175 ADMIRAL COCHRANE DRIVE %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1989	4. FEI Number 59-1633418	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. 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 607.1508, 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	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUTH, TERRI E	1.2 NAME	HENDERSON, STEPHEN P.
STREET ADDRESS	175 ADMIRAL COCHRANE DR	1.3 STREET ADDRESS	1 NEUMANN WAY
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEVENSTEIN, ROBERT L.	2.2 NAME	BORNSTEIN, JEFFREY S.
STREET ADDRESS	175 ADMIRAL COCHRANE DR	2.3 STREET ADDRESS	1 NEUMANN WAY
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	FAHEY, JAMES P.	3.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOESIAN, KENNETH G	4.2 NAME	VARESCHI, WILLIAM J.
STREET ADDRESS	175 ADMIRAL COCHRANE DR	4.3 STREET ADDRESS	1 NEUMANN WAY
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMONS, DAVID L	5.2 NAME	BUCHANAN, MARK E.
STREET ADDRESS	432 NORTH 44TH STREET STE.340	5.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	ALBANY, NY 12211
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROUPA, SHARON A.	6.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	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.

SIGNATURE _____ **MARK E. BUCHANAN** 4/28/98 (518) 433-4898

CR2E034 (10/97)