

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P25399** (7)  
7. Corporation Name  
**UNC ENGINE & ENGINE PARTS, INC.**

Principal Place of Business Mailing Address  
**175 ADMIRAL COCHRANE DRIVE  
% UNC INCORPORATED - TAX DEPT.  
ANNAPOLIS MD 21401**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **07/26/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **52-1633414** 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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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 **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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	LANGE, RICHARD H.
STREET ADDRESS	175 ADMIRAL COCHRANE DR.
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	T
NAME	BUBB, GREGORY, M
STREET ADDRESS	175 ADMIRAL COCHRANE DR
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	D
NAME	PEVENSTEIN, ROBERT, L
STREET ADDRESS	175 ADMIRAL COCHRANE DR.
CITY - ST - ZIP	ANNAPOLIA MD
TITLE	PD
NAME	KIRIPOLSKY, RONALD G
STREET ADDRESS	175 ADMIRAL COCHRANE DR
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	AT
NAME	FAHEY, JAMES, P
STREET ADDRESS	175 ADMIRAL COCHRANE DR
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	AS
NAME	FRERICHS, HERBERT D JR
STREET ADDRESS	1175 ADMIRAL COCHRANE DR
CITY - ST - ZIP	ANNAPOLIS MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PD
43 STREET ADDRESS	GUSTAFSON, ROBERT A.
44 CITY - ST - ZIP	175 ADMIRAL COCHRANE DR. ANNAPOLIS, MD 21401
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DELETE
63 STREET ADDRESS	
64 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 110.07(3)(h), 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 4/13/95 (410) 266-7333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Month/Year)