

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25399** (7)

1. Corporation Name  
**UNC ENGINE & ENGINE PARTS, INC.**



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

3. Date Incorporated or Qualified <b>07/26/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>52-1633414</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

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	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, RICHARD H.	1.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBB, GREGORY, M	2.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVENSTEIN, ROBERT, L	3.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIA MD	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAFSON, ROBERT A	4.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	4.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, JAMES, P	5.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRERICHS, HERBERT D JR	6.2 NAME	
STREET ADDRESS	1175 ADMIRAL COCHRANE DR	6.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP	ANNAPOLIS MD	6.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401

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 James P. Fahey, Assistant Treasurer 4/18/96 (410) 266-7333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)