

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

**FILED**

**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 # P25399 (7)**

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



Principal Place of Business <b>175 ADMIRAL COCHRANE DRIVE % UNC INCORPORATED - TAX DEPT. ANNAPOLIS MD 21401</b>	Mailing Address <b>175 ADMIRAL COCHRANE DRIVE % UNC INCORPORATED - TAX DEPT. ANNAPOLIS MD 21401-7367</b>
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3. Date Incorporated or Qualified <b>07/26/1989</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>52-1633414</b>	Applied For <input type="checkbox"/> 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 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

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
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

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LANGE, RICHARD H.	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUBB, GREGORY, M	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEVENSTEIN, ROBERT, L	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	
CITY-ST-ZIP	ANNAPOLIA MD	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BONASIA, JOHN J	
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	AS	<input type="checkbox"/> DELETE
NAME	KROUPA, SHARON A.	
STREET ADDRESS	175 ADMIRAL COCHRAN DRIVE	
CITY-ST-ZIP	ANNAPOLIS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TERRI E. TRAUTH	
1.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE	
1.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH G. MOSESIAN	
2.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE	
2.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	L. DAVID CLEMONS	
4.3 STREET ADDRESS	432 NORTH 44TH STREET, SUITE 340	
4.4 CITY-ST-ZIP	PHOENIX AZ 85008	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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** 4/10/97 (410) 266-7333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT TREASURER Date Daytime Phone #

CR2E034 (9/96)