

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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P O BOX 2216
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 SCHENECTADY NY
24 Zip	29 12301-2216
25 Country	30 Country

3. Date Incorporated or Qualified 07/26/1989	
4. FEI Number 52-1633414	Applied For <input type="checkbox"/> 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

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

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	TRAUTH, TERRI E	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOESIAN, KENNETH G	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input checked="" 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	CLEMONS, DAVID L	
STREET ADDRESS	432 NORTH 44TH STREET STE.340	
CITY-ST-ZIP	PHOENIX AZ	
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 COCHRAN DRIVE	
CITY-ST-ZIP	ANNAPOLIS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HENDERSON, STEPHEN P.	
13 STREET ADDRESS	1 NEUMANN WAY	
14 CITY-ST-ZIP	CINCINNATI, OH 45215	
21 TITLE	VPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BUCHANAN, MARK E.	
23 STREET ADDRESS	12 CORPORATE WOODS BLVD.	
24 CITY-ST-ZIP	ALBANY, NY 12211	
31 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BORNSTEIN, JEFFREY S.	
33 STREET ADDRESS	1 NEUMANN WAY	
34 CITY-ST-ZIP	CINCINNATI, OH 45215	
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	VARESCI, WILLIAM J.	
43 STREET ADDRESS	1 NEUMANN WAY	
44 CITY-ST-ZIP	CINCINNATI, OH 45215	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 _____ DATE **4/23/98** (518)433-4308

**VP & ASST-TREAS
MARK E. BUCHANAN**

CP2E034 (10/97)