

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006345

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**1679444195CC**

**Entity Name:** ARINC INCORPORATED

**Current Principal Place of Business:**

2551 RIVA ROAD  
MS 5-300  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

400 COLLINS RD NE  
MS 120-102  
CEDAR RAPIDS, IA 52498 US

**FEI Number:** 53-0023720

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STATLER, KENT L.  
Address        400 COLLINS RD. N.E.  
City-State-Zip: CEDAR RAPIDS IA 52498

Title            VP, TREASURER, DIRECTOR  
Name            MILLER, RYAN D.  
Address        400 COLLINS RD. N.E.  
City-State-Zip: CEDAR RAPIDS IA 52498

Title            SECRETARY  
Name            SCHWAPPACH, RICHARD M.  
Address        2551 RIVA RD.  
City-State-Zip: ANNAPOLIS MD 21401

Title            ASST. TREASURER, VP  
Name            LEONARD, MARTHA A.  
Address        ONE HAMILTON ROAD  
City-State-Zip: WINDSOR LOCKS CT 06096

Title            DIRECTOR  
Name            TERRILL, DAMON A.  
Address        400 COLLINS RD. N.E.  
City-State-Zip: CEDAR RAPIDS IA 52498

Title            VP  
Name            RIDGEWAY, LEANN  
Address        2551 RIVA ROAD  
City-State-Zip: ANNAPOLIS MD 21401

Title            VP  
Name            GROAT, LISA M.  
Address        2551 RIVA ROAD  
City-State-Zip: ANNAPOLIS MD 21401

Title            VP  
Name            FORREST, CHRISTOPHER B  
Address        2551 RIVA RD.  
City-State-Zip: ANNAPOLIS MD 21401

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD M. SCHWAPPACH

**SECRETARY**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name SCHREDER, KENNETH L  
Address 2551 RIVA RD.  
City-State-Zip: ANNAPOLIS MD 21401