


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 854024 (7)			
1. Corporation Name UNC AIRWORK CORPORATION			
Principal Place of Business UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401		Mailing Address UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401-7367	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/09/1982		3a. Date of Last Report 04/30/1996	
4. FEI Number 95-3751258		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <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 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			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PEVENSTEIN, ROBERT L.		
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	DP	<input checked="" type="checkbox"/> DELETE	
NAME	BONASIA, JOHN J		
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE		
CITY-ST-ZIP	ANNAPOLIS MD		
TITLE	DVS	<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	AS	<input type="checkbox"/> DELETE	
NAME	KROUPA, SHARON A.		
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE		
CITY-ST-ZIP	ANNAPOLIS MD		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	L. DAVID CLEMONS		
3.3 STREET ADDRESS	432 NORTH 44TH STREET, SUITE 340		
3.4 CITY-ST-ZIP	PHOENIX ARIZONA 85008		
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	TERRI E. TRAUTH		
4.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE		
4.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	KENNETH G. MOSESAN		
5.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE		
5.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401		
6.1 TITLE	DT	<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: <u>James P. Fahey</u> JAMES P. FAHEY, ASSISTANT TREASURER 4/10/97 (410) 266-7333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)