

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

FILED  
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

DOCUMENT # 854024 (7)  
1. Corporation Name  
UNC AIRWORK CORPORATION



Principal Place of Business Mailing Address  
UNC INCORPORATED - TAX DEPARTMENT  
175 ADMIRAL COCHRANE DR.  
ANNAPOLIS MD 21401  
UNC INCORPORATED - TAX DEPARTMENT  
175 ADMIRAL COCHRANE DR.  
ANNAPOLIS MD 21401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/09/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-3751258	
24 Country		29 Country		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 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				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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEVENSTEIN, ROBERT L.		1.2 NAME	BORNSTEIN, JEFFREY S.			
STREET ADDRESS	175 ADMIRAL COCHRANE DR.		1.3 STREET ADDRESS	1 NEUMANN WAY			
CITY-ST-ZIP	ANNAPOLIS MD		1.4 CITY-ST-ZIP	CINCINNATI, OH 45215	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	AT	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	FAHEY, JAMES P.		2.2 NAME				
STREET ADDRESS	175 ADMIRAL COCHRANE DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD		2.4 CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLEMONS, DAVID L		3.2 NAME	VARESCHI, WILLIAM J.			
STREET ADDRESS	432 N. 44TH STREET STE. 340		3.3 STREET ADDRESS	1 NEUMANN WAY			
CITY-ST-ZIP	PHOENIX AZ		3.4 CITY-ST-ZIP	CINCINNATI, OH 45215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRAUTH, TERRI E		4.2 NAME	HENDERSON, STEPHEN P.			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		4.3 STREET ADDRESS	1 NEUMANN WAY			
CITY-ST-ZIP	ANNAPOLIS MD		4.4 CITY-ST-ZIP	CINCINNATI, OH 45215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOSESIAN, KENNETH G		5.2 NAME	BUCHANAN, MARK E.			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		5.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.			
CITY-ST-ZIP	ANNAPOLIS MD		5.4 CITY-ST-ZIP	ALBANY, NY 12211			
TITLE	OT	<input type="checkbox"/> DELETE	6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KROUPA, SHARON A.		6.2 NAME				
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD		6.4 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

CR2E034 (10/97)