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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc

City & State

22

24

F95000006098 (6)

26

28

29

2a. Mailing Address

City & State

Suitc, Apt. #, etc.

 Corporation Name HAVE DADTE ACCHIEFTION COMBANY INC.

Country

25

THE PARTS NOUDISHIUN COMPANY, INC.					
UNC PARTS COMPANY					
Principal Place of Business	Mailing Address				
C/O UNC INC., TAX DEPT. 175 ADMIRAL COCHRANE DR ANNAPOUS MD 21401	C/O UNC INC., TAX DEPT. 175 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401				



8. This corporation has liability for intangible tax under s. 199,032,

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified

12/14/1995

52-1913036

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FET Number

24	25 29	··	30			Florida Statutes Yes No
	Name and Address of Current Regist	ered Agent				10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				31	Name Street	et Address (P.O. Box Number is Not Acceptable)
PLANIA	TION FL 33324		8	33		
,				4	City	
•				- [,	FL 85 Zip Code
familiar wi	to the provisions of Sections 607,0502 and £07 red agent, or both, in the State of Floridal Such th, and accept the obligations of, Section 607,0	.1508, Florida Statutes change was authorized 505, Florida Statutes.	the above by the cor	na rpo	med o	corporation submits this statement for the purpose of changing its registered office is board of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE	Signature, typed or per look han a of registured agent and the diag	shate Wille	Best bood As	and C		naposal when renotating
12.	OFFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLF	DP	DELETE	1 1 TiTLI	F		Change Addition
NAME	PEVENSTEIN, ROBERT L		1.2 NAME	E		Stallige. [] Addition
STREET ADDRESS	175 ADMIRAL COCHRANE DR		1.3 S/REI	- FLA	DOBESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401		1.4 CHTY			
TITLE	DVS	□ D€:FIE	2 · Title		2.11	Change Addition
NAME	LANGE, RICHARD H		2.2 NAME			Change Classes
STREET ADDRESS	175 ADMIRAL COCHRANE DR		2.3 STREE		nnosco	
City - ST - 7IP	ANNAPOLIS MD 21401		2.4 CHY-			'
TITLE	DT	□ DELFTE	3. 1 TIFLE		ZIF	X Change ☐ Add-tion
NAME	BUBBE, GREGORY M	_	3.2 NAME			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		3.3 STHE		anacee	BUBB, GREGORY M.
CITY - ST - ZIP	ANNAPOLIS MD 21401		3.4 CITY -			
TITLE	T	DELETE	4 1 1 ITLE		70-	Change Addition
NAME	FAHEY, JAMES P	221	4.2 NAME			Change Addition
STREET ADDRESS	175 ADMIRAL COCHRANE DR		4.3 STREE		hhase c.c.	
DITY-ST-ZIP	ANNAPOLIS MD 21401		4.4 CHY-			
TITLE	\$	DELFTE	5 1 TIT: F		2 if	Change Addition
NAME	KROUPA, SHARON A		5.2 NAME			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		5 3 STREE		nneegg	300001807733
CHTY - ST-ZIP	ANNAPOLIS MD 21401		54 CITY -			-05/06/9601004024
TITLE		DELETE	6 1 T:TLE	~	21F	**** ? ///// /// / / //
NAME			6.2 NAME			Change (C) Addition
STREET ADDRESS			6.3 STHEE		ingree :	64.
CiTY-ST-ZiP			6.4 CiTY -			.) \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
oath; that I	certify that the information supplied with this fi the information indicated on this annual report am an officer or director of the corporation or t Block 12 or Block 13 if changed, or on an attac	he receiver or tweton o	ed and doe report is tr	es r	not que	Ish'y for the exemption stated in Section 119 07(3)(k). Florida Statutes further induction and that my signature shall have the same legal effect as if made under one this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: _

James P. Fahey, Asst. Treasurer signature and typed on printed name of signing officer or director

4/18/96

(410) 266-7333