

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:39

DOCUMENT # P17558

(8)

1. Corporation Name

ARINC RESEARCH CORPORATION

Principal Place of Business

Mailing Address

2551 RIVA ROAD
ANNAPOLIS MD 21401-7435

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ANNAPOLIS MD 21401-7435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

01/07/1988

03/28/1994

4. FEI Number

53-0241127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HOSPODOR, ANDREW T.
STREET ADDRESS	2551 RIVA ROAD
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	AS
NAME	SADLER, A. J
STREET ADDRESS	710 PETERSBURG ROAD
CITY - ST - ZIP	DAVIDSONVILLE MD
TITLE	S
NAME	BARTLETT, JOHN L.
STREET ADDRESS	2551 RIVA ROAD
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	V
NAME	JACOBY, FREDERIC J.
STREET ADDRESS	2551 RIVA ROAD
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	V
NAME	PIERCE, JAMES L.
STREET ADDRESS	2551 RIVA ROAD
CITY - ST - ZIP	ANNAPOLIS MD
TITLE	D
NAME	HARPER, JOHN
STREET ADDRESS	2345 CRYSTAL DR.
CITY - ST - ZIP	ARLINGTON VA 22227

1. TITLE	CEO	☒ Change ☐ Addition
12 NAME	Pierce, James L.	
13 STREET ADDRESS	624 Sean Drive	
14 CITY - ST - ZIP	Annapolis, Maryland 21401	
2. TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3. TITLE	Secretary	☒ Change ☐ Addition
32 NAME	Smith, John C.	
33 STREET ADDRESS	3495 Olympia Drive	
34 CITY - ST - ZIP	Davidsonville, Maryland 21035	
4. TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5. TITLE	Treasurer	☒ Change ☐ Addition
52 NAME	Joan L. Decker	
53 STREET ADDRESS	6514 South Wind Circle	
54 CITY - ST - ZIP	Columbia, Maryland 21044	
6. TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. JAMES SADLER

CONTROLLER & ASSISTANT SECRETARY

Date

410-266-4000