

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
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DOCUMENT # **P25398** (9)  
1. Corporation Name  
**UNC ARDCO INCORPORATED**



Principal Place of Business <b>% 175 ADMIRAL COCHRANE DRIVE %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401</b>	Mailing Address <b>% 175 ADMIRAL COCHRANE DRIVE %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/26/1989</b>	
				4. FEI Number <b>59-1633418</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ MARK E. BUCHANAN 4/28/98 (518)433-4808

CR2E034 (10/97)