

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25398 (9)**

1. Corporation Name  
**UNC ARDCO INCORPORATED**



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/26/1989</b>	4. FEI Number <b>59-1633418</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			

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	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRAUTH, TERRI E</b>	1.2 NAME	<b>HENDERSON, STEPHEN P.</b>
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	1.3 STREET ADDRESS	<b>1 NEUMANN WAY</b>
CITY-ST-ZIP	<b>ANNAPOLIS MD</b>	1.4 CITY-ST-ZIP	<b>CINCINNATI, OH 45215</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEVENSTEIN, ROBERT L.</b>	2.2 NAME	<b>BORNSTEIN, JEFFREY S.</b>
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	2.3 STREET ADDRESS	<b>1 NEUMANN WAY</b>
CITY-ST-ZIP	<b>ANNAPOLIS MD</b>	2.4 CITY-ST-ZIP	<b>CINCINNATI, OH 45215</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>FAHEY, JAMES P.</b>	3.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANNAPOLIS MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOESIAN, KENNETH G</b>	4.2 NAME	<b>VARESCHI, WILLIAM J.</b>
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DR</b>	4.3 STREET ADDRESS	<b>1 NEUMANN WAY</b>
CITY-ST-ZIP	<b>ANNAPOLIS MD</b>	4.4 CITY-ST-ZIP	<b>CINCINNATI, OH 45215</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VPAT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEMONS, DAVID L</b>	5.2 NAME	<b>BUCHANAN, MARK E.</b>
STREET ADDRESS	<b>432 NORTH 44TH STREET STE.340</b>	5.3 STREET ADDRESS	<b>12 CORPORATE WOODS BLVD.</b>
CITY-ST-ZIP	<b>PHOENIX AZ</b>	5.4 CITY-ST-ZIP	<b>ALBANY, NY 12211</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROUPA, SHARON A.</b>	6.2 NAME	
STREET ADDRESS	<b>175 ADMIRAL COCHRANE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANNAPOLIS MD</b>	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) 433-4898

CR2E034 (10/97)