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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P25399

(7)

UNC ENGINE & ENGINE PARTS, INC.

| ······································ | | | | | | | |
|---|--|---|----------------------------|----------------|---|--|-----------------------------------|
| Principal Place of Business Mailing Address | | | | | | | |
| 175 ADMIRAL COCHRANE DRIVE 175 ADMIRAL COCHRANE % UNC INCORPORATED - TAX DEPT. % UNC INCORPORATED ANNAPOLIS MD 21401 ANNAPOLIS MD 21401 | | | TED - TAX DEP | r. | | | |
| | | THE COLUMN ETT | • | | 3. Date Incorporated or Qualified 07/26/1989 | 3a. Date of Last R 05/01/19 | eport 195 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | · · · | 4. FEI Number 52-1633414 | } - | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | - | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | | City & State | | 6. Election Campaign Financing | | |
| 23 | | 28 | ٦ ' | | Trust Fund Contribution | | O May Be d to Fees |
| Zip | Country | Zip | Country | | 8. This corporation has liability for in | ntangible tax under s | 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes X Yes | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| OT 00 | DDODATION OVOTEN | | 81 | Name | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | 82 | Street | Address (P.O. Box Number is Not Acceptabl | θ) | |
| | | | 83 | | | | |
| . — | | | 84 | 0.4 | | Tagl 7 | - 01- |
| | | | 04 | City | | FL 85 Zq | p Code |
| or register familiar wit SIGNATURE: _ | ed agent, or both, in the State of Florida th, and accept the obligations of, Section | i. Such change was authoriz n 607.0505, Florida Statutes | ed by the corp s. | oration's | proporation submits this statement for the purple board of directors. I hereby accept the apporation approximately accept the apporation of the purple equired when reinstating! | pose of changing its reintment as registered | egistered office i agent. I am |
| Styrulure, typed or printed name of registered agent and title if applicable. (NOTE F 12. OFFICERS AND DIRECTORS | | | 13. | it signature i | ADDITIONS/CHANGES TO OFFI | | DRS IN 12 |
| TITLE | VSD | DELETE | 1. 1 TITLE | | NODINIONO/OFFINIALES TO CITT | ☐ Change | Addition |
| NAME | LANGE, RICHARD H. | | 1.2 NAME | | | | |
| STREET ADDRESS | TADDRESS 175 ADMIRAL COCHRANE DR. | | 1.3 STREET ADDRESS | | | | |
| City-St-ZiP | ANNAPOLIS MD | | 1.4 CITY - S | 7-21P | | | |
| TITLE | | DELETE | 2. 1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | BUBB, GREGORY, M | | 2.2 NAME | | | | |
| STREET ADDRESS | 175 ADMIRAL COCHRANE DE | } | 2.3 STREET | ADDRESS | | | |
| Crity - St - ZIP | ANNAPOLIS MD | | 24 CITY - S | T-ZIP | | | |
| TITLE | D | DELETE | . 3.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | PEVENSTEIN, ROBERT, L | | 3.2 NAME | | | | |
| STREET ADDRESS | 175 ADMIRAL COCHRANE DE | 1. | 3.3. STREET | ADDRESS | | | |
| CiTY-ST-ZiP | ANNAPOLIA MD | TTP DELETE | 3.4 CITY - S | T-ZIP | | | |
| TITLE | PD CUSTAFOON DOBERT A | ▼ DELETE | 4.1 TITLE | | PRESIDENT/DIRECTOR BONASIA, JOHN J. | ☐ Change | X Addition |
| NAME | GUSTAFSON, ROBERT A 175 ADMIRAL COCHRANE DE | , | 4.2 NAME | | • | | |
| STREET ADDRESS | ANNAPOLIS MD | 1 | 4.3 STREET | | 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS, MD 21401 | | |
| CITY-ST-ZIP | AT AT | ☐ DELETE | 4.4 CITY - S | 1-2IP | ANNAIOLIS, PD 21401 | Change | Addition |
| TITLE | FAHEY, JAMES, P | | 5. 1 TITLE | | | ☐ Change | Addition |
| NAME | 175 ADMIRAL COCHRANE DE | | 5.2 NAME | | | | |
| STREET ADDRESS | ANNAPOLIS MD | , | 5.3 STREET | | | | i |
| CITY-ST-ZIP TITLE | AS AS | DELETE | 5.4 CITY-S 6. 1 TITLE | I - ZIP | ASSISTANT SECRETARY | ☐ Change | X Addition |
| NAME | FRERICHS, HERBERT D JR | (A) better | 6.2 NAME | | KROUPA, SHARON A. | பு வளிச | ES FIGURES |
| | 1175 ADMIRAL COCHRANE D | OR . | | ADDDECC | 175 ADMIRAL COCHRANE DRIVE | | |
| STREET ADDRESS CITY-ST-ZIP | ANNAPOLIS MD | · · · | 6.3 STREET 6.4 CITY - S | | ANNAPOLIS, MD 21401 | | |
| CHILD OF ER | | | ■ 0.7 OH (*) | 1 Marti | | | |

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)(k), 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: James P. Fat

James P. Fahey, Assistant Treasurer 4/18/96

Date

(410) 266-7333

Daytime Phone It