

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25399** (7)

1. Corporation Name
UNC ENGINE & ENGINE PARTS, INC.

Principal Place of Business
**175 ADMIRAL COCHRANE DRIVE
% UNC INCORPORATED - TAX DEPT.
ANNAPOLIS MD 21401**

Mailing Address
**175 ADMIRAL COCHRANE DRIVE
% UNC INCORPORATED - TAX DEPT.
ANNAPOLIS MD 21401-7367**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1989	3a. Date of Last Report 04/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1633414	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	VSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LANGE, RICHARD H.		1.2 NAME	TERRI E. TRAUTH			
STREET ADDRESS	175 ADMIRAL COCHRANE DR.		1.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE			
CITY-ST-ZIP	ANNAPOLIS MD		1.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401			
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUBB, GREGORY, M		2.2 NAME	KENNETH G. MOSESAN			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		2.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE			
CITY-ST-ZIP	ANNAPOLIS MD		2.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEVENSTEIN, ROBERT, L		3.2 NAME				
STREET ADDRESS	175 ADMIRAL COCHRANE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIA MD		3.4 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BONASIA, JOHN J		4.2 NAME	L. DAVID CLEMONS			
STREET ADDRESS	175 ADMIRAL COCHRANE DR		4.3 STREET ADDRESS	432 NORTH 44TH STREET, SUITE 340			
CITY-ST-ZIP	ANNAPOLIS MD		4.4 CITY-ST-ZIP	PHOENIX AZ 85008			
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAHEY, JAMES, P		5.2 NAME				
STREET ADDRESS	175 ADMIRAL COCHRANE DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KROUPA, SHARON A.		6.2 NAME				
STREET ADDRESS	175 ADMIRAL COCHRAN DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD		6.4 CITY-ST-ZIP				

14. I do 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: James P. Fahey **JAMES P. FAHEY** 4/10/97 (410) 266-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT TREASURER Date Daytime Phone #

CR2E034 (9/96)