

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	P O BOX 2216
22	City & State	27	City & State
23	Zip	28	SCHENECTADY NY
24	Country	29	Zip
		30	Country

3. Date Incorporated or Qualified	
07/26/1989	
4. FEI Number	Applied For
52-1633414	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
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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	AS
NAME	TRAUTH, TERRI E
STREET ADDRESS	175 ADMIRAL COCHRANE DR.
CITY-ST-ZIP	ANNAPOLIS MD
TITLE	T
NAME	MOSEIAN, KENNETH G
STREET ADDRESS	175 ADMIRAL COCHRANE DR
CITY-ST-ZIP	ANNAPOLIS MD
TITLE	D
NAME	PEVENSTEIN, ROBERT, L
STREET ADDRESS	175 ADMIRAL COCHRANE DR.
CITY-ST-ZIP	ANNAPOLIA MD
TITLE	PD
NAME	CLEMONS, DAVID L
STREET ADDRESS	432 NORTH 44TH STREET STE.340
CITY-ST-ZIP	PHOENIX AZ
TITLE	AT
NAME	FAHEY, JAMES, P
STREET ADDRESS	175 ADMIRAL COCHRANE DR
CITY-ST-ZIP	ANNAPOLIS MD
TITLE	DS
NAME	KROUPA, SHARON A.
STREET ADDRESS	175 ADMIRAL COCHRAN DRIVE
CITY-ST-ZIP	ANNAPOLIS MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S
12 NAME	HENDERSON, STEPHEN P.
13 STREET ADDRESS	1 NEUMANN WAY
14 CITY-ST-ZIP	CINCINNATI, OH 45215
21 TITLE	VPAT
22 NAME	BUCHANAN, MARK E.
23 STREET ADDRESS	12 CORPORATE WOODS BLVD.
24 CITY-ST-ZIP	ALBANY, NY 12211
31 TITLE	DVP
32 NAME	BORNSTEIN, JEFFREY S.
33 STREET ADDRESS	1 NEUMANN WAY
34 CITY-ST-ZIP	CINCINNATI, OH 45215
41 TITLE	P
42 NAME	VARESCI, WILLIAM J.
43 STREET ADDRESS	1 NEUMANN WAY
44 CITY-ST-ZIP	CINCINNATI, OH 45215
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	AS
62 NAME	
63 STREET ADDRESS	
64 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 \_\_\_\_\_ VP & ASST-TREAS  
MARK E. BUCHANAN 4/23/98 (518)433-4308

CR2E034 (10/97)