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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 # **P28443** (0)

1. Corporation Name  
**UNC AVIATION SERVICES, INC.**

Principal Place of Business  
**C/O UNC INCORPORATED  
175 ADMIRAL COCHRANE DRIVE  
ANNAPOLIS MD 21401**

Mailing Address  
**C/O UNC INCORPORATED  
175 ADMIRAL COCHRANE DRIVE  
ANNAPOLIS MD 21401-7367**

3. Date Incorporated or Qualified  
**03/06/1990**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>52-1605019</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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 **FL** 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	DP MOELLERING, JOHN H. 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD LANGE, RICHARD H. 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ROBERT L. PEVENSTEIN
STREET ADDRESS		2.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	AST FAHEY, JAMES P. 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BUBB, GREGORY M. 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KENNETH G. MOSESIAN
STREET ADDRESS		4.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	AS KROUPA, SHARON A. 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS MD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS
NAME		6.2 NAME	TERRI E. TRAUTH
STREET ADDRESS		6.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401

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 REQUIRED JAMES P. FAHEY, ASST. TREASURER 4/10/97 (410) 266-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #