

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

FILED

**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
--	---	---

DOCUMENT # 854024 (7)
1. Corporation Name
UNC AIRWORK CORPORATION



Principal Place of Business UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401	Mailing Address UNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD 21401-7367
---	--

3. Date Incorporated or Qualified 09/09/1982	3a. Date of Last Report 04/30/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 95-3751258	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 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		FL
83			
84	City		

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEVENSTEIN, ROBERT L.	1.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, JAMES P.	2.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONASIA, JOHN J	3.2 NAME	L. DAVID CLEMONS
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE	3.3 STREET ADDRESS	432 NORTH 44TH STREET, SUITE 340
CITY-ST-ZIP	ANNAPOLIS MD	3.4 CITY-ST-ZIP	PHOENIX ARIZONA 85008
TITLE	DVS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, RICHARD H.	4.2 NAME	TERRI E. TRAUTH
STREET ADDRESS	175 ADMIRAL COCHRANE DR	4.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUBB, GREGORY M.	5.2 NAME	KENNETH G. MOSESIAN
STREET ADDRESS	175 ADMIRAL COCHRANE DR	5.3 STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP	ANNAPOLIS MD	5.4 CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROUPA, SHARON A.	6.2 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE 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, ASSISTANT TREASURER** 4/10/97 (410) 266-7333
Date Daytime Phone #

CR2E034 (9/96)