

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/09/1982	
4. FEI Number 95-3751258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 _____ (NGIF Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PEVENSTEIN, ROBERT L.
STREET ADDRESS	175 ADMIRAL COCHRANE DR. ANNAPOLIS MD
CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE
NAME	FAHEY, JAMES P.
STREET ADDRESS	175 ADMIRAL COCHRANE DR. ANNAPOLIS MD
CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	CLEMONS, DAVID L
STREET ADDRESS	432 N. 44TH STREET STE. 340 PHOENIX AZ
CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	TRAUTH, TERRI E
STREET ADDRESS	175 ADMIRAL COCHRANE DR ANNAPOLIS MD
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MOSESIAN, KENNETH G
STREET ADDRESS	175 ADMIRAL COCHRANE DR ANNAPOLIS MD
CITY-ST-ZIP	
TITLE	OT <input type="checkbox"/> DELETE
NAME	KROUPA, SHARON A.
STREET ADDRESS	175 ADMIRAL COCHRANE DRIVE ANNAPOLIS MD
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BORNSTEIN, JEFFREY S.
1.3 STREET ADDRESS	1 NEUMANN WAY CINCINNATI, OH 45215
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VARESCHI, WILLIAM J.
3.3 STREET ADDRESS	1 NEUMANN WAY CINCINNATI, OH 45215
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENDERSON, STEPHEN P.
4.3 STREET ADDRESS	1 NEUMANN WAY CINCINNATI, OH 45215
4.4 CITY-ST-ZIP	
5.1 TITLE	VPAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BUCHANAN, MARK E.
5.3 STREET ADDRESS	12 CORPORATE WOODS BLVD. ALBANY, NY 12211
5.4 CITY-ST-ZIP	
6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

CR2E034 (10/97)