

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

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Mar 19 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 # F95000002386 (9)

1. Corporation Name
AMERICAN BRIDGE COMPANY



Principal Place of Business: THREE GATEWAY CENTER, SUITE 1100 PITTSBURGH PA 15222
Mailing Address: THREE GATEWAY CENTER, SUITE 1100 PITTSBURGH PA 15222-1004

3. Date Incorporated or Qualified: 05/15/1995
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number: 25-1607500 Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 SOUTH 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ING, NITA 280 CHUNG HSIAO ROAD, SECTION 4 TAIPEI, TAIWAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCEO	1.2 NAME	
STREET ADDRESS	LUFFY, ROBERT H 2001 STURBRIDGE DR. SEWICKLEY PA 15143	1.3 STREET ADDRESS	
CITY- ST- ZIP	S	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MING CHU, JAMES K 10026 CRESCENT RD. CUPERTINO CA 95014	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	2.2 NAME	
STREET ADDRESS	BENA, PAMELA A 630 ROCK SPRINGS RD. PITTSBURGH PA 15228	2.3 STREET ADDRESS	
CITY- ST- ZIP	AS	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CLARK, RICHARD A 770 STONEGATE DR. WEXFORD PA 15219	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	3.2 NAME	
STREET ADDRESS	FLOWERS, MICHAEL D 3916 MIMOSA DR. BETHEL PARK PA 15102	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pamela A. Bena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAMELA A. BENA, Treasurer 3-6-97 562-4400
Date: Daytime Phone #

CR2E034 (9/96)