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FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90012 022 ***150.00

AMERICAN BRIDGE COMPANY

NAMES AND ADDRESSES OF OFFICERS AND DIRECT

| Officer | Present Position | |
|-----------------------|--|---|
| Nita Ing * | Director | 11th Floor, Continental Bldg. 280 Chung Hsiao Road, Sect. 4 Taipei, Taiwan (412) 562-4400 SS# N/A |
| Robert H. Luffy * | Chief Executive Officer and President | 2001 Sturbridge Drive Sewickley, PA 15143 (412) 562-4400 SS# 184-36-0757 |
| Robert T. Yahng * | Director | 303 Evergreen Drive Kentfield, CA 94904 (415) 576-3035 SS# 037-26-4604 |
| Michael H. Bulkin * | Director | 60 Ferris Hill Road New Cannan, CT 06840 (412) 562-4400 SS# 042-32-0386 |
| Kent Price * | Director | 45 Rock Road Kentfield, CA 94904 (412) 562-4400 230-56-3195 |
| Pamela A. Bena | Treasurer/Assistant Secretary | 35 Highland Road # 6118 Bethel Park, PA 15102 (412) 833-8999 SS# 211-48-1829 |
| Michael D. Flowers | Senior Vice President - Operations | 3916 Mimosa Drive Bethel Park, PA 15102 (412) 835-4295 SS# 295-52-4622 |
| Alexander W. Fattaléh | Senior Vice President - Western Region | 5107 El Cedral Long Beach, CA 90815 (213) 498-8639 SS# 549-56-4966 |
| Lester C. Snyder III | Senior Vice President - Building Construction | 3719 Beech Tree Drive Orlando, FL 32835 (407) 291-9380 SS# 211-50-5193 |
| N. Michael Cegelis | Senior Vice President - Orlando Office | 125 West Reading Way Winter Park, FL 32789 (407) 644-6355 SS# 263-39-5996 |
| Lanny G. Frisco | Senior Vice President - Estimating | 457 Rosewood Drive Pittsburgh, PA 15236 (412) 653-3826 SS# 194-34-8407 |

* Also Directors

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

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PROFIT CORPORATION ANNUAL REPORT 1999



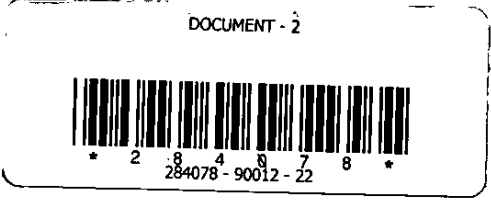
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002386

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

05/15/1995

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 owes the current year Intangible

Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 DELETE
NAME **D**
ING, NITA
STREET ADDRESS **280 CHUNG HSIAO ROAD, SECTION 4**
CITY-ST-ZIP **TAIPEI, TAIWAN**

1.1 TITLE Change Addition
SEE SCHEDULE A ATTACHED
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **PCEO**
LUFFY, ROBERT H
STREET ADDRESS **2001 STURBRIDGE DR.**
CITY-ST-ZIP **SEWICKLEY-PA-15143**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **T**
BENA, PAMELA A
STREET ADDRESS **630 ROCK SPRINGS RD.**
CITY-ST-ZIP **PITTSBURG PA 15228**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **V**
FLOWERS, MICHAEL D
STREET ADDRESS **3916 MIMOSA DR.**
CITY-ST-ZIP **BETHEL PARK PA 15102**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

(42)
562-4400
Daytime Phone #

CR2F034 (11/98)