

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90047 010 \*\*\*150.00

US/5581

**DOCUMENT # F96000004624**

1. Entity Name

~~AMERICAN FACILITIES COMPANY~~ *American Bridge Facilities Co.*

Principal Place of Business

Mailing Address

3 GATEWAY CENTER #1100  
 PITTSBURGH PA 15222-1004

3 GATEWAY CENTER #1100  
 PITTSBURGH PA 15222-1004

2. Principal Place of Business

*1000 American Bridge way*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Cornapolis PA*

City & State

4. FEI Number **25-1795342**

Applied For

Not Applicable

Zip

*15108*

Country

*U.S.A.*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **YAHNG, ROBERT T**  
 CITY-ST-ZIP **303 EVERGREEN DR**  
**KENTFIELD CA 94904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TAS**  
 STREET ADDRESS **BENA, PAMELA**  
 CITY-ST-ZIP **3 GATEWAY CENTER #1100**  
**PITTSBURGH PA 15222-1004**

TITLE  Change  Addition  
 NAME *T AS*  
 STREET ADDRESS *Bena, Pamela*  
 CITY-ST-ZIP *2412 Hilltop Rd.*  
*Presto, PA 15142*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME *Luffy, Robert H.*  
 STREET ADDRESS *2001 Sturbridge Dr*  
 CITY-ST-ZIP *Scowden, PA 15143*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME *Snyder, Laska C*  
 STREET ADDRESS *3719 Beechtree Dr*  
 CITY-ST-ZIP *Ovland, FL 32835*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pamela A Bena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/01*

Date

*412 631-1000*

Daytime Phone #

CR2E034 (10/00)