


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004624
 1. Entity Name
 AMERICAN BRIDGE FACILITIES COMPANY



Principal Place of Business
 1000 AMERICAN BRIDGE WAY
 CORAOPOLIS, PA 15108

Mailing Address
 1000 AMERICAN BRIDGE WAY
 CORAOPOLIS, PA 15108



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 25-1795342

Applied For
 Not Applicable

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YAHNG, ROBERT T
STREET ADDRESS	303 EVERGREEN DR
CITY-ST-ZIP	KENTFIELD, CA 94904
TITLE	TAS
NAME	BENA, PAMELA
STREET ADDRESS	2412 HILLTOP RD
CITY-ST-ZIP	PRESTO, PA 15142
TITLE	P
NAME	LUFFY, ROBERT H
STREET ADDRESS	2001 STURBRIDGE DR
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	V
NAME	SNYDER, LESTER
STREET ADDRESS	3719 BEACHTREE DR
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela G Bena* 4/23/04 412-631-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #