

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90182 011 ***158.75

DOCUMENT # **F96000004624**



1. Entity Name
AMERICAN BRIDGE FACILITIES COMPANY

Principal Place of Business
**1000 AMERICAN BRIDGE WAY
CORAOPLIS PA 15108**

Mailing Address
**1000 AMERICAN BRIDGE WAY
CORAOPLIS PA 15108**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1795342**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	YAHNG, ROBERT T	
STREET ADDRESS	303 EVERGREEN DR	
CITY-ST-ZIP	KENTFIELD CA 94904	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	BENA, PAMELA	
STREET ADDRESS	2412 HILLTOP RD	
CITY-ST-ZIP	PRESTO PA 15142	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUFFY, ROBERT H	
STREET ADDRESS	2001 STURBRIDGE DR	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, LESTON C	
STREET ADDRESS	3719 BEACHTREE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 412-631-1000
Date Daytime Phone #

CR2E034 (10/02)