FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORP ARATIONS 1996 817488 DOCUMENT # HAHN CONTRACTING CO. Mailing Address Principal Piace of Business ROUTE 422, EAST **ROUTE 422. EAST** P.O. BOX 38 P.O. BOX 38 BIRDSBORO PA 19508 BIRDSBORO PA 19508 3. Date incorporated or Qualified 3a. Date of Last Report 11/19/1963 09/27/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 23-1543359 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Žφ Country Country Zγp Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 Zip Code 85 84 City 1. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when remalating) Signature, types or printed name of registered agent and tile if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.11116 CD TITLE GAUGHAN, R L 1.2 NAME -05/09/96--01021--029 NAME 2005 REGENCY DRIVE 1.3 STREET ADDRESS STREET ADDRESS **WEAMISSING PA 19610** 1.4 CrTY - \$1 - ZiP CITY-ST-ZIP Addition DELFTE 2 1 11 LE TITLE 2 2 NAME ARMO, ANTHONY L. NAME 2.3 STREET ADORESS PO BOX 38 NA STREET ADDRESS **BIRDSBORO PA** 2 4 CITY - ST - ZIP CITY-ST-ZIP Change [ ] DELETE THLE 000001814400 3.2 NAME GAUGHAN, PATRICIA A. NAME -05/09/96 --01021 --029 3.3. STREET ADDRESS PO BOX 38 NA STREET ADDRESS ### 2 00 .00 **BIRDSBORO PA** 3 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE Beribers 4. 1 TITLE GAUGHA) 4.2 NAME NAME NA 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELE1E 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIF CITY - S1 - 2IP Change Addition [] DELETE 6. 1 TiTLE TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 13 if changed, or on an attachment with an address. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)