

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 817524		100002921481--3 -07/01/99--01093--005 *****8.75 *****8.75	
1. Corporation Name POWER PIPING COMPANY		REINSTATEMENT 9599	
Principal Place of Business 4 ALLEGHENY CENTER, SUITE 401 PITTSBURGH PA 15212		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida 12-10-63		5. FEI Number 25-1125965	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	See Attached schedule		
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 Pine Island Road Plantation, FL 33324		9. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent James M. Halpin REGISTERED AGENT MUST SIGN Assistant Secretary Date 6/28/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: Charles J. Fogle		6/21/99 (412) 323-2274 Date Daytime Phone # x206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES J. FOGLE, CONTROLLER & ASST. SECRETARY			

CR2E081 (12/98)

(2)

Power Piping Company
Four Allegheny Center, Suite 401
Pittsburgh PA 15212
412.323.2274

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Charles M. Brennan III, Chairman	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
Byron D. Nelson	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
William S. Skibitsky	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008

OFFICERS

<u>NAME</u>	<u>ADDRESS</u>
Charles M. Brennan III Chairman	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
William S. Skibitsky Chief Executive Officer	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
Stephen J. Janaszek President	Four Allegheny Center, Suite 401 Pittsburgh, PA 15212
William A. Koertner Treasurer	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
Byron D. Nelson Secretary	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
Betty R. Johnson Assistant Treasurer	3 Continental Towers Suite 1012 1701 W. Golf Rd. Rolling Meadows, IL 60008
Charles J. T. Fogle Controller and Assistant Secretary	Four Allegheny Center, Suite 401 Pittsburgh, PA 15212