2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90294 034 ***150.00

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DOCUMENT # 817524

1. Entity Name
POWER PIPING COMPANY

11019534

Principal Place of Business	Mailing Address
4 ALLEGHENY CENTER. SUITE 401 PITTSBURGH PA 15212	1701 W GOLF ROAD SUITE 1012 ROLLING MEADOWS IL 60008

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
436 Butler St.	
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Pittsburgh PA	City & State
Zip: 15223 Country	Zip Country

4. FEI Number 25-1125965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. 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 _____
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NELSON, BYRON D 1701 W GOLF ROAD SUITE 1012 ROLLING MEADOWS IL 60008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Gerald B. Engen Jr. 12150 E. 112th Ave. Henderson CO 80640	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO SKIBITSKY, WILLIAM S 1701 W GOLF ROAD SUITE 1012 ROLLING MEADOWS IL 60008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JANASZEK, STEPHEN J 1701 W GOLF ROAD SUITE 1012 ROLLING MEADOWS IL 60008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOERTNER, WILLIAM A 1701 W GOLF ROAD SUITE 1012 ROLLING MEADOWS IL 60008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MEDICI, GREG R 1701 W. GOLF RD. #1012 ROLLING MEADOWS IL 60008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Greg R. Medici REQUIRED Greg R. Medici 4/2/03 (847)290-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #