

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 854159

(1)

1. Corporation Name

AFFILIATED BUILDING SERVICES, INC.



Principal Place of Business

4 NORTHSHORE CENTER  
PITTSBURGH PA 15212

Mailing Address

4 NORTHSHORE CENTER  
PITTSBURGH PA 15212

3. Date Incorporated or Qualified

09/24/1982

3a. Date of Last Report

03/27/1996

4. FEI Number

25-1373345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	FECHTER, GEORGE A.	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PATTILLO, JOHN S.	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOWLER, JAMES C	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEILE, ROBERT C	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEYSER, MARTIN A	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ARLINGHAUS, JOHN C	
STREET ADDRESS	375 HIGHLAND AVE	
CITY- ST- ZIP	JENKINTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Robert C. Meile* Robert C. Meile Treasurer 3/15/97 (412) 359-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)