SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000287 (4)

1. Corporate Name
CCI CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
4720 OLD GETTYSBURG ROAD MECHANICSBURG PA 17055	4720 OLD GETTYSBURG ROAD MECHANICSBURG PA 17055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: 25-1587697 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	[X] Change [ ] Addition
NAME	ORTENZIO, JOHN M	
STREET ADDRESS	1756 MARLIN RIDGE	4720 Old Gettysburg Rd.
CITY-ST-ZIP	CAMP HILL PA 17011	Mechanicsburg, PA 17055
TITLE	VD	[ ] Change [ ] Addition
NAME	MILLER, SHANE A	
STREET ADDRESS	1110 MUSKET LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	STD	[ ] Change [ ] Addition
NAME	BARBER, DAVID	
STREET ADDRESS	111 BRINDLE ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	~~Asst Sec~~	Asst Sec/Asst Treas — [ ] Change [X] Addition
NAME		Sheri Phillips
STREET ADDRESS		2221 Aspen Dr
CITY-ST-ZIP		Mechanicsburg, PA 17055
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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 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: Sheri Phillips, Asst Sec/Asst Treas — 6-26-95 — 717-975-5640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

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