

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 15, 2005 8:00 am  
Secretary of State

04-15-2005 90108 037 \*\*\*150.00

DOCUMENT # F93000000268

1. Entity Name

ALLEGHENY DESIGN MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1154 PARKS INDUSTRIAL DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
1154 PARKS INDUSTRIAL DRIVE  
Suite, Apt. #, etc.

City & State  
VANDERGRIFT, PA

City & State  
VANDERGRIFT, PA

4. FEI Number  
25-1590789

Applied For  
Not Applicable

Zip Country  
15690 USA

Zip Country  
15690 USA

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

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
C T CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City Zip Code  
PLANTATION FL 33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDP  
KURUC, JOHN S.  
1151 WILLOW DRIVE  
VANDERGRIFT, PA 15690

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
KURUC, JOHN S.  
1151 WILLOW DRIVE  
VANDERGRIFT, PA 15690

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

11.

TITLE  
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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN S. KURUC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

(724) 845-7336

Daytime Phone #