

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:04

DOCUMENT # F93000002254 (1)

1. Corporation Name

CBC CONSTRUCTORS OF DELAWARE, INC.

Principal Place of Business

**3 GATEWAY CTR
STE 1190
PITTSBURGH PA 15222
US**

Mailing Address

**3 GATEWAY CTR
STE 1190
PITTSBURGH PA 15222
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

03/16/1994

4. FEI Number

63-1070597

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when translating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
LUFFY, ROBERT H
2001 STURBRIDGE DR
SEWICKLEY PA**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**ST
WEI, JOHN S
112 AMBER COURT
WEXFORD PA 15090**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
CHU, JAMES K M
10028 CRESCENT RD
CUPERTINO CA**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**AS
CROCKETT, RONALD W
2832 LANSDALE DR.
WEXFORD PA 15090**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

**SECRETARY/Treasurer
PAMELA A. BENA
630 ROCK SPRINGS RD.
PITTSBURGH, PA 15228**

☐ Change

☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

**Director
MICHAEL D. FLOWERS
3916 MINOR DR
Bethel Park, PA 15102**

☐ Change

☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change

☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

PAMELA A. BENA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAMELA A. BENA

3-29-95 (412) 562-4400
(Date) (Telephone Number)