2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002254 Apr 27, 2000 8:00 am Secretary of State CBC CONSTRUCTORS OF DELAWARE, INC. 04-27-2000 90028 034 ***150.00 Mailing Address Principal Place of Business 3 GATEWAY CTR **3 GATEWAY CTR** STE 1190 STE 1190 PITTSBURGH PA 15222-1000 PITTSBURGH PA 15222 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 63-1070597 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. T.AS ST TITLE Change ■ Addition TITLE ☐ Delete PAMELA A. Best 2412 Hillton RD PAMELA A. BENA NAME NAME STREET ADDRESS STREET ADDRESS 630 ROCK SPRINS ROAD Nevillewood PA 15142 CITY-ST-ZIP CITY-ST-ZIP PITTSBURG PA ☐ Change ☐ Addition ☐ Delete TITLE TITI E MICHAEL D. FLOWERS NAME NAME STREET ADDRESS STREET ADDRESS 3916 MIMOSA DRIVE CITY-ST-7IP CITY-ST-ZIP BETHEL PARK PA Change ☐ Addition Delete TITLE TITLE Robert H. L- + My ste- 1100 LUTTY, ROBERT H NAME NAME STREET ADDRESS STREET ADDRESS 2001 STURBVIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **SEWICKLEY PA 15143** M Change Addition ☐ Delete TITLE TITLE ROBELT. YAHNG NAME YAHNG, ROBERT T NAME 303 Evergreen M STREET ADDRESS 303 EVERGREEN DRIVE STREET ADDRESS Kentfiers CA 94904 CITY-ST-ZIP CITY-ST-ZIP **KEATFIELD CA 94904** Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR