2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F93000002254 1. Entity Name CBC CONSTRUCTORS OF DELAWARE, INC. 01-30-2001 90047 011 ***150.00 Mailing Address Principal Place of Business 3 GATEWAY CTR 3 GATEWAY CTR STE 1190 STE 1190 PITTSBURGH PA 15222 PITTSBURGH PA 15222 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 63-1070597 Not Applicable \$8.75 Additional Zìp Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TAS 🗘 Delete TITI F TITLE Pamela A. Bena NAME NAME STREET ADDRESS STREET ADDRESS 2412 HILLTOP ROAD CITY-ST-ZIP CITY-ST-ZIP NEVILLEWOOD PA 15142 ☐ Addition TITLE ☐ Delete TITLE NAME MICHAEL D. FLOWERS NAME STREET ADDRESS STREET ADDRESS 3916 MIMOSA DRIVE CITY-ST-ZIP -CITY-ST-7IP BETHEL PARK PA 15102 ☐ Addition TITI F Delete NAME Lutty, Robert H NAME STREET ADDRESS STREET ADDRESS 3 GATEWAY CTR., SUITE 1100 CITY-ST-7IP CITY-ST-ZIP PITTSBURGH PA 15232 ☐ Addition Change A Delete TITLE YAHNG, RÖBERT T NAME NAME STREET ADDRESS STREET ADDRESS 303 EVERGREEN DRIVE CITY-ST-ZIP CITY-ST-719 **KEATFIELD CA 94904** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR