

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000001782 (0)**

1. Corporation Name
LIMBACH COMPANY



Principal Place of Business: **4 NORTHSHORE CENTER PITTSBURGH PA 15212**
Mailing Address: **4 NORTHSHORE CENTER PITTSBURGH PA 15212**

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

3. Date Being Reported or Qualified: **04/12/1995** 3a. Date of Last Report

4. FEI Number: **25-1013720** 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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SASSER, J. NEAL	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BACHORIK, RICHARD J	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LESIFKO, CYNTHIA A	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIELE, ROBERT C	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACCO, DENNIS L	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETTIT, DENNIS M	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15212	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	

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 119.07(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 attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 *412-359-700*

CR2E034 (12/95)