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FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
04/12/1995

3a. Date of Last Report
03/20/1996

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

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 reinstating)

DATE

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 checked="" 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 checked="" 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

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fred R. Kienast	
1.3 STREET ADDRESS	4 Northshore Center	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15212	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Robert C Miele* ROBERT C MIELE Treasurer 3/15/97 (412) 359-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)