

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 16 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001782

1. Entity Name  
**LIMBACH COMPANY**

**EFS VIII, Inc.**



Principal Place of Business  
P.O. BOX 1188 EB4651  
HOUSTON, TX 77251-1188

Mailing Address  
1400 SMITH ST  
600 JFR, RM #507B  
HOUSTON, TX 77002

2. Principal Place of Business  
**4 Northshore Center**

3. Mailing Address  
**901650 Highway 6**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Pittsburgh, PA**

City & State  
**Sugar Land, TX**

Zip  
**15212**

Country  
**USA**

Zip  
**77418**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**25-1013720**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**700017078797**

Street Address (P.O. Box Number Is Not Acceptable)  
**04/25/03 01019 020 \*\*\*150.00**

City  
**FL**

Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENTZ, CHRISTOPHER A 4 NORTHSHORE CENTER PITTSBURGH, PA 15212 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CEO Sempie, Robert J. 1400 Smith St. Houston, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SACCO, DENNIS L 4 NORTHSHORE CENTER PITTSBURGH, PA 15212 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GC Sharp, Victoria T. 1400 Smith St. Houston, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAFFER, MARK S 4 NORTHSHORE CENTER PITTSBURGH, PA 15212 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCAO Stubblefield, Gregory W. 1400 Smith St. Houston, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SVETIC, RUSSELL T 4 NORTHSHORE CENTER PITTSBURGH, PA 15212 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cove, Kate B. 1400 Smith St. Houston, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory M. Apke 4/16/03 (281)565-7905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Attorney in Fact

CR2EC34 (10/02)