


**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 <b>LIMBACH COMPANY</b>  <b>EFS VIII, Inc.</b>			
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 <b>4 Northshore Center</b>		3. Mailing Address <b>90 1650 Highway 6</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 100</b>	
City & State <b>Pittsburgh, PA</b>		City & State <b>Sugar Land, TX</b>	
Zip <b>15212</b>	Country <b>USA</b>	Zip <b>77418</b>	Country <b>USA</b>
4. FEI Number <b>25-1013720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		City <b>700017078797</b> <b>04/25/03 01019 020 **150.00</b> <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
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. <input type="checkbox"/> \$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 Attorney in Fact Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR20034 (10/02)