

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 05 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 # F96000002152 (4)**

1. Corporation Name  
**TIREM CONTRACTING INC.**



Principal Place of Business  
**R.D. #3, BOX 59  
MONOGAHELA PA 15063**

Mailing Address  
**R.D. #3, BOX 59  
MONOGAHELA PA 15063-9705**

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>04/30/1996</b>   |  | 3a. Date of Last Report                                |  |
| 4. FEI Number<br><b>25-1568657</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

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

9. Name and Address of Current Registered Agent

**C T 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 |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | CP <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIGLIOTTI, CLEMENT P                | 1.2 NAME  |   |
| STREET ADDRESS             | R.D. #3, BOX 59                     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MONOGAHELA PA 15063                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DV <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCRACKEN, RONALD C                 | 2.2 NAME  |   |
| STREET ADDRESS             | R.D. #3, BOX 59                     | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MONOGAHELA PA 15063                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DST <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILLIAMS, CHARLENE                  | 3.2 NAME  |   |
| STREET ADDRESS             | R.D. #3, BOX 59                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MONOGAHELA PA 15063                 | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 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:

*Charlene Williams* **Charlene Williams** 2-19-97 412-258-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)