

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90047 010 ***150.00

DOCUMENT # F96000004624

1. Entity Name

~~AMERICAN FACILITIES COMPANY~~ *American Bridge Facilities Co.*

Principal Place of Business

3 GATEWAY CENTER #1100
PITTSBURGH PA 15222-1004

Mailing Address

3 GATEWAY CENTER #1100
PITTSBURGH PA 15222-1004

2. Principal Place of Business

1000 American Bridge way
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Cornapolis, PA

City & State

same

Zip

15108

Country

U.S.A.

Zip

same

Country

same

4. FEI Number **25-1795342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **YAHNG, ROBERT T**
STREET ADDRESS **303 EVERGREEN DR**
CITY-ST-ZIP **KENTFIELD CA 94904**

TITLE **TAS** ☒ Delete
NAME **BENA, PAMELA**
STREET ADDRESS **3 GATEWAY CENTER #1100**
CITY-ST-ZIP **PITTSBURGH PA 15222-1004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *TAS BENA, PAMELA*
STREET ADDRESS *2412 Philtop RD.*
CITY-ST-ZIP *Presto, PA 15142*

TITLE ☐ Change ☒ Addition
NAME *Luffy, Robert H.*
STREET ADDRESS *2001 STURBRIDGE DR*
CITY-ST-ZIP *Scarsdale, PA 15143*

TITLE ☐ Change ☒ Addition
NAME *SNYDER, LORAN C*
STREET ADDRESS *3719 Beechtree Dr*
CITY-ST-ZIP *Orlando, FL 32835*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)