

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004624

1. Entity Name
AMERICAN BRIDGE FACILITIES COMPANY



Principal Place of Business
**1000 AMERICAN BRIDGE WAY
CORAOPOLIS, PA 15108**

Mailing Address
**1000 AMERICAN BRIDGE WAY
CORAOPOLIS, PA 15108**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAS
BENA, PAMELA
2412 HILLTOP RD
PRESTO, PA 15142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LUFFY, ROBERT H
2001 STURBRIDGE DR
SEWICKLEY, PA 15143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SNYDER, LESTER
3719 BEACHTREE DR
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000143855
05/03/04-80203-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

412-631-1000

Daytime Phone #