

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90069 042 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	--

**DOCUMENT #** F97000004248 (7)

1. Corporation Name

PDM BRIDGE CORP.

Principal Place of Business 3400 GRAND AVE PITTSBURGH, PA 15225	Mailing Address TOWN CENTER ONE 1450 LAKE ROBBINS DR STE 400 THE WOODLANDS TX 77380
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/97

4. FEI Number

23-2922070

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 BARGE PORT., RT. 6 BOX 92

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 COMFORT RD

27

City & State

City & State

23 PALATKA FL

28

Zip

Country

Zip

Country

24 32177

25 PUTNAM

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRZYBOWSKI, J.R.	
STREET ADDRESS	2800 MELBY STREET	
CITY - ST - ZIP	EAU CLAIRE, WI 54703	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	R.A. BYERS	
STREET ADDRESS	3400 GRAND AVENUE	
CITY - ST - ZIP	PITTSBURGH PA 15225	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WM. W. MCKEE	
STREET ADDRESS	10200 GROGANS MILL RD STE 300	
CITY - ST - ZIP	THE WOODLANDS, TX 77380	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R.A. BYERS
2.3 STREET ADDRESS	1450 LAKE ROBBINS DR STE 400
2.4 CITY - ST - ZIP	THE WOODLANDS, TX 77380

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	R.A. BYERS
3.3 STREET ADDRESS	1450 LAKE ROBBINS DR STE 400
3.4 CITY - ST - ZIP	THE WOODLANDS, TX 77380

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*R.A. Byers*

R.A. BYERS, VICE PRESIDENT

4/20/99

281-765-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #