

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**  
 04-01-2002 90173 031 \*\*\*150.00

05/27/02 AT

**DOCUMENT # F97000004636**

1. Entity Name  
**TRI-RIVER DESIGN & CONSTRUCTION, INC.**

Principal Place of Business Mailing Address

**109 DEWALT DR., STE 200** **109 DEWALT DR., STE 200**  
**PITTSBURGH PA 15227** **PITTSBURGH PA 15227**

2. Principal Place of Business 3. Mailing Address

**2840 LIBRARY ROAD** **2840 LIBRARY ROAD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 300** **SUITE 300**  
 City & State City & State  
**PITTSBURGH, PA** **PITTSBURGH, PA**  
 Zip Country Zip Country  
**15234** **USA** **15234** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1738990** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**LISCHNER, ALBERT** Name  
**6170 SHERWOOD GLEN WAY, APT 8** Street Address (P.O. Box Number is Not Acceptable)  
**WEST PALM BEACH FL 33415** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HYRB, JANET F</b> <b>109 DEWALT DR., STE 200</b> <b>PITTSBURGH PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HYRB, JANET F</b> <b>2840 LIBRARY ROAD, SUITE 300</b> <b>PITTSBURGH, PA 15234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HYRB, DOUGLAS J</b> <b>109 DEWALT DR., STE 200</b> <b>PITTSBURGH PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HYRB, DOUGLAS J.</b> <b>2840 LIBRARY ROAD, SUITE 300</b> <b>PITTSBURGH, PA 15234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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:** *Janet F. Hyrb* **3-14-02** **412-885-4400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)