


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 045 ***150.00

DOCUMENT # <u>F97 000004636</u>	
1. Entity Name Tri-River Design & Construction Inc	

DO NOT WRITE IN THIS SPACE

20037006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2840 Library Road		3. Mailing Address 2840 Library Road	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Pittsburgh Pa		City & State Pittsburgh Pa	
Zip 15234	Country USA	Zip 15234	Country USA
4. FEI Number 25-1738990		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Albert Lischner	
	Street Address (P.O. Box Number is Not Acceptable) 6170 Sherwood Glen Way, Apt 8	
	City West Palm Beach	FL Zip Code 33415

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 _____ (NOTE: Registered Agent signature required when re-statuting) DATE: _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	P Hyrb, Janet F. 2840 Library Road, Suite 300	NAME	
STREET ADDRESS	Pittsburgh Pa 15234	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S - Hyrb, Douglas J., 2840 Library Road, Suite 300, Pittsburgh Pa 15234	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas J. Hyrb 4-18-05 712 885-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)