FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am **Secretary of State** DOCUMENT # M0100002414 1. Entity Name 01-31-2002 90030 040 ****50.00 PLC TRENCHING CO., LLC Principal Place of Business Mailing Address 24 ROBINSON ROAD 24 ROBINSON ROAD **CLINTON NY 13323 CLINTON NY 13323** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 16-1553659 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Prince a o<mark>nnaciel de co</mark>co SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition Delete NAME CRITELLI, DAVID L NAME STREET ADDRESS 24 ROBINSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLINTON NY 13323** TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME CRITELLI, STEVEN M NAME STREET ADDRESS 24 ROBINSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLINTON NY 13323** TITLE MGRM Delete TITLE Change ☐ Addition NAME BONSTED, STEVEN P NAME STREET ADDRESS STREET ADDRESS 24 ROBINSON ROAD CITY-ST-ZIP City-ST-7IP **CLINTON NY 13323** MGRM Delete TITLE ☐ Change ☐ Addition TITLE NAME CRITELLI, DELORES Y NAME STREET ADDRESS STREET ADDRESS 24 ROBINSON ROAD CITY-ST-ZIP CITY-ST-ZIP **CLINTON NY 13323** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE