

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90030 025 \*\*\*\*50.00

0073376

**DOCUMENT # M01000002414**

1. Entity Name

**PLC TRENCHING CO., LLC**



Principal Place of Business

**24 ROBINSON ROAD  
CLINTON NY 13323**

Mailing Address

**24 ROBINSON ROAD  
CLINTON NY 13323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**16-1553659**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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 \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM CRITELLI, DAVID L**  
STREET ADDRESS **24 ROBINSON ROAD**  
CITY-ST-ZIP **CLINTON NY 13323**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM CRITELLI, STEVEN M**  
STREET ADDRESS **24 ROBINSON ROAD**  
CITY-ST-ZIP **CLINTON NY 13323**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM BONSTED, STEVEN P**  
STREET ADDRESS **24 ROBINSON ROAD**  
CITY-ST-ZIP **CLINTON NY 13323**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM CRITELLI, DELORES Y**  
STREET ADDRESS **24 ROBINSON ROAD**  
CITY-ST-ZIP **CLINTON NY 13323**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*David L Critelli*  
**MEMBER**

**4/4/03**

Date

**(315) 853-6183**

Daytime Phone #

CR2E083 (10/02)