subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FEB 18 1999 FILES SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR - 1 AM 10: 36			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001388 P.W. CAMPBELL CONTRACTING COPANY OF NORTH CAROLINA, L.L.C. 109 ZETA DRIVE PITTSBURGH PA 15238 P.W. CAMPBELL CONTRACTING COMPANY OF NORTH CAROLINA, L.L.C.							18. Principal Place of Business Address 109 ZETA DRIVE PITTSBURGH PA 15238			
2 Principal Place of Business				2a. Mailing Address			3. Date Organize		3a. State of Formation	
Suite, Apt.	#, etc.	Suite, A	ot. #, etc.		-	11/24/1998 N 4. FEI Number		NC		
City & Stat	e	City & St	ate			56-1930169		Applied For Not Applicable		
Zip	p Country		Zip	Zip Countr		у	5. Date of Last Report		Certificate of Status Desired S8.75 Additional Fee Required	
	7. Name	and Address of Cur	ent Registered	ed Agent			Name and Address of New Registered Agent/Office			
PLANTATION FL 33324						Suite, Apt. #, etc. City ove-named limited	****188.75 ****188.75 ity Zip Code FL enamed limited liability company submits this statement for the purpose of changing			
SIGNATU	RE	/Boustered Amerit Acces	Ind Annacht eat (NOTE Registered Age	nt sanatun	read and whose remodel as	[DATE		
10. Title Managing Members/Managers				operational (NOTE Registered Agent signature required which remeat Business Street Address			City, State and Zip Code			
MGRM					58 SUMMER DUCK WAY 518 RODGERS DRIVE			PITTSBURGH PA PITTSBURGH PA		
indicated o limited liab	n this annual re	eport is true and according the receiver or truste	ite and that my:	signature shall ha execute this rep	ave the s ort as re	ame legal effect as quired by Chapter 6	if made under oath 308, Florida Statutes	, that I am a mar s; and that my na	Ifurther certify that the information laging member or manager of the time appears in Block 10, or on an 412 - 419 49 963 -0100	

PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Prione #