

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

101.222.3010

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2005

Filing Period: January 1 - M FORM MUST HE TYPED OR PRIN	•	g Fee: \$50,00			
1. Corporate ID No	2. Name of Corporation				
48219	Allegheny Desig	ın Management, Inc.			
Street Address Principal Business C			City	State	Zip
1154 PARKS INDUSTRI	IAL DRIVE	Te ::	VANDERGRIFT	PA	15690
. Business Phone No.		5. State of Incorporation			6. SIC Code 59
724-845-7336  Brief Description of the Character	of Business Conducted in 8	PENNSYLVANIA		· · · · · · · · · · · · · · · · · · ·	] 33
TO BUILD RETAIL STO	RES IN MALLS AND	TRIP CENTERS.			
. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	ACHMENT)	SPACES BEFORE USING	G ATTACHMENTS
resident Name			Vice President Name		
OHN S. KURUC			•		
treet Address		<del></del> -	Street Address		
151 WILLOW DRIVE	L		<u></u>		
un ANDERGRIFT	PA	15690	City	State	Z(p
Cretary Name	.1	.1.15050	Treasurer Name		l
IOHN S. KURUC			JOHN S. KURUC		
treet Address			Street Address		
151 WILLOW DRIVE			1151 WILLOW D	RIVE	
arv	State	Zip	City	State	Zip
ANDERGRIFT	PA	15690	VANDERGRIFT	PA	15690
. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR AT		N SPACES BEFORE USI	NG ATTACHMENTS
IOHN S. KURUC			Director Name		
ing Address			Sinci Address		
151 WILLOW DRIVE					
aty	State	Zip	City	State	Ζίρ
ANDERGRIFT	PA	15690			
Hryctor Name			Director Name		
· · · · · · · · · · · · · · · · · · ·	·-				
invi Address			Street Address		
ith.	State	Zip	City	State	Zip
		<u> </u>	·		'
0. SHARES AUTHORIZED	("X" BOX FOR ATT	(CHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACH	MENT)
CTHORIZED SHARES			ISSUED SHARES		·
Camber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$50.00 PAR VAI	LUE		1000	2010:01	450.00
	<del></del>	<u> </u>	1000	COMMON	\$50.00
			1		<u></u>
inis report must be :	signed in ink by cith	er ine President, Vice I	President, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
	<b>11861 18118</b> 11 <b>88</b> 1 11818 18	BIL 1881			
					<u>Ç</u>
			11-day	dum I danka a a a an a a	not I have supprised it
(100111	*48219*	<b>       </b>		jury, I declare and affirm the papying schedules and state	
		1	contained note in a se	'' 1' / -	/
File Date FILED			OM_ST	MINUL	3/1/2
•••	12821	•	Xigyature of Officer	W.W. J. T	1 Vinc
Check No. MAR 1 7 2005	63534			II.C	
. Ru (//	5		JOHN S. KUR Print or Type Name o		
By N	<u>/</u>	m	PRESIDENT	, <b>.</b>	
FOR SECRETARY OF ST	ATE USE ONLY	4		<del></del>	<del></del>
			Title of Officer		

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

EDWARD S. INMAN, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPO	ORT FOR THE YEAR	2004

Filing Period: January 1	•	e: <b>\$</b> 50.00			
(FORM MUST BE TYPED IN BL	· · · · · · · · · · · · · · · · · · ·	<del> </del>			<del></del>
1. Corporale ID No. 48219	2. Name of Corpor		MENT INC		
3. Street Address Principal But		DESIGN MANAGE		C	
1154 PARKS INDUSTRIA			City VANDERGRIFT	State PA	Ζ <i>iρ</i>   15690
4. Business Phone No.	L DIVIVE	5. State of Incom		11.7	6. SIC Code
(724) 845-7336		PENNSYLVA			59
7. Brief Description of the Char TO BUILD RETAILS STO					
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS (7X180X	FOR ATTACHMENT) FILL	IN SPACES BEFORE USI	NG ATTACHMENTS
President Name JOHN S. KURUC			Vice President Name NONE		_
Street Address			Street Address		
R.D. #2, BOX 29-A			Succi Address		
City	State	Ζιρ	City	State	Ζίρ
VANDERGRIFT	PA	15690			
Secretary Name JOHN S. KURUC			Treasurer Name JOHN S. KURUC		
Street Address			Street Address		
R.D. #2, BOX 29-A	<del></del>		R.D. #2, BOX 29-A		
City	State	Zip	City	State	Ziρ
VANDERGRIFT	PA	15690	VANDERGRIFT	<u> </u> PA	
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("x" BOX	FOR ATTACHMENT) FILL	IN SPACES BEFORE USI	NG ATTACHMENTS
Director Name JOHN S. KURUC			Director Name		
Stroet Address R.D. #2, BOX 29-A		Street Address			
City	State	Zip	City	State	Ζiρ
VANDERGRIFT	PA	15690			
Director Name			Director Name		
Street Address			Street Address	<del>.</del>	
City	Stato	Zip	City	State	Ζίρ
10. SHARES AUTHORIZ	ED (X BOX FOR ATT	ARBAENT	11. SHARES ISSUED	I"X" BOX FOR ATTACHMEN	
<u>Propinsi propinsi pr</u>	LU (A OW FOR A II)	ACUMENT)		I A BOX FOR ATTACHMEN	
AUTHORIZED SHARES	C! (C	In v-i -	ISSUED SHARES		<del></del>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	\$ 50.00	1	000 COMMON	\$ 50.00
This report must be SIGNED	IN INK by either the Pre	sident. Vice Preside	int. Secretary, Assistant Secretary,	Treasurer Receiver or Tru	stee
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e 1					
			Under penalty of penury	I declare and affirm that I	have examined this
				ompanying schedules and	
File Dale 3115	104			herein are true and correc	
				K	- 1 / 1
Check No 50	t25		Mon SI	WMM	3/11/04
			Signature of Officer		Date
8y 🗼 🗘 ,			JØHN S. KURUC '	<del></del>	
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name of Office	r	
<u>remar sepanjujuhdujifili siiss.</u>	<u>, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999, 1999,</u>		PRESIDENT  Title of Officer	<del></del>	Enm £20 +0.00
			nae or Onicer		Fam 630 12/01

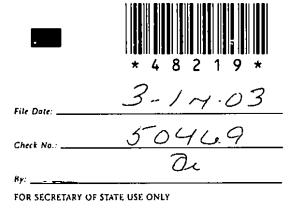
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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riiing reizou, junuury	1-March 1				The state of the s
FORM MUST BE TYTED OR PRINT 1. Corporate ID No. 48219	2. Name of Corpora	<sub>tion</sub> lesign Management, Inc			
3. Street Address Principal Business	Office		City	State	ZIp
1154 PARKS IND 4. Business Phone No. 724-845-7336 7. Brief Description of the Characte	e of Bustness Conducted i	S. State of Incorporation PENNSYLVAN In Rhode Island	AIA .	PA	15690 6. SIC Code 59
COMMERCIAL INT	ERIOR DESI	GN AND CONSTR	RUCTION ON A CONT	RACTUAL BASIS	;
8. NAMES AND ADDRES President Name  JOHN S. KURUC  Street Address		CERS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES B Vice President Name NONE Street Address	EFORE USING ATTAC	HMENTS
R D #2, BOX 29		710	City	State	Zip
City VANDERGRIFT	State PA	ziņ 15690	Gily	3.614	<i>p</i>
Secretary Name  JOHN S. KURUC	2	20070	Deasurer Name  JOHN S. KURUG	C	
Street Address			Street Address		
R D #2, BOX 29	-A		R D #2, BOX	29-A	
City	State	Zip	City	State	Zip
VANDERGRIFT,	PA	15690	VANDERGRIFT	PA	15690
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTA	CHMENTS
JOHN S. KURUC Street Address			Street Address	**	-
R D #2, BOX 29	-A State	Zip	City	State	Zip
VANDERGRIFT	PA	15690	3,	•	
Director Name	IA		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$50.00 PAR V	/ALUE		1000	COMMON	50.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

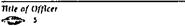
1000



1000

Under penalty of perjury, I declare and afflirm that I have examined inclyding any accompanying schedules and statements, and costained herein are true and correct, JOHN S./KURUC rint or Type Name of Officer PRESIDENT

COMMON



50.00

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00 2002

401-222-3040

(FORM MUST BE TYPED IN BI	LACK)				
1. Carporate ID No.	2. Name of Corpora	tion			
48219	Allegheny D	esign Management, Inc.			
3. Street Address Principal Busine	ss Office	-	Glly	State	Zip
#2 PARKS INDUST 4. Business Phone No.	RIAL DRIVE	5. State of Incorporation	VANDERGRIFT	PA	15690 6. SIC Code
724-845-7336 7. Brief Description of the Charac	ter of Business Conducted I	PENNSYLVANIA n Khode Island			59
		ND CONSTRUCTION OF	N A CONTRACTUAL BAS	SIS FORE USING ATTACI	HMENTS
President Name			Vice President Name		
JOHN S. KURUC			JACK W. DYKES		
Street Address			Street Address		
R D #2, BOX 297	<b>,</b>		300 WEIMER ROAD		
City	State	Z.Ip	City	State	Zip
<b>VANDERGRIFT</b>	PA	15690	LEECHBURG	PA	15656
Secretary Name		•	Treasurer Name		
JACK W. DYKES			JACK W. DYKES		
Street Address			Street Address		
300 WEIMER ROAL	)		300 WEIMER ROAD		
City	State	Zip	City	State	Zip
LEECHBURG	PA	15656	LEECHBURG	PA	15656
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name	BEFORE USING ATTA	CHMENTS
JOHN S. KURUC			JACK W. DYKES		
Street Address			Street Address	•	
R D #2, BOX 297	4		300 WEIMER ROAD		
City	State	Zip	Clty	State	Zip
<b>VANDERGRIFT</b>	PA	15690	LEECHBURG	PA	15656
Director Name			Director Name		•
Street Address			Street Address		
Cuy	State	Zip	Glty	State	Zip
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	
AUTHORIZED SHARPS			ISSUED STURES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$50.00 PAR	VALUE		1000	COLDION	E0 00
			1000	COMMON	50.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

- S





File Date:	3/18/02	
Check No.:	45-046	
By:	1B	

FOR SECRETARY OF STATE USE ONLY

Under penalty, of porjury, I declare and affirm that I have examined Helpfing finy ageompanying schedules and statements, and JOHN S. KURUC Print or Type Name of Officer PRESIDENT

Form 630 12/01



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

40217	netaginally a	besign managements, and	
3. Street Address Principal Business C	Office	City	State
#2 PARKS INDUSTR	IAL DRIVE	VANDERGRIFT	PA
4. Business Phone No.		S. State of Incorporation PENNSYLVANIA	

Zio 15690 6. SIC 55

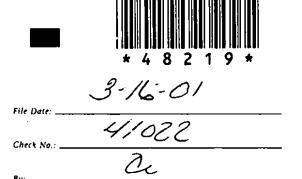
724-845-7336 7. Brief Description of the Character of Business Canducted in Rhode Island COMMERCIAL INTERIOR DESIGN & CONSTRUCTION ON A CONTRACTUAL BASIS 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name JOHN S. KURUC JACK W. DYKES Street Address Street Address R D #2, BOX 29A 300 WEIMER ROAD City State City 15656 15690 PA VANDERGRIFT PA **LEECHBURG** Treasurer Name Secretary Name JACK W. DYKES JACK W. DYKES Street Address Street Address 300 WEIMER ROAD 300 WEIMER ROAD City City State 210 State Zio 15656 15656 **LEECHBURG** PA **LEECHBURG** FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name JOHN S. KURUC JACK W. DYKES Street Address Street Address R D #2 BOX 29A 300 WEIMER ROAD City Zip 15690 PA **LEECHBURG** 15656 VANDERGRIFT Director Name Director Name Street Address Street Address City State ΖΙρ City State ZIp

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

1000

Number of Shares



FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

COMMON

Par Value

\$50.00

AUTHORIZED SHARES

Number of Shares

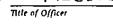
1000

perjury, I declare and affirm that I have examined clyding any occompanying schedules and statements, and constined herein are true and correct tint or Type Name of Officer PRESIDENT

Class/Series

COMMON

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)



Par Value

\$50.00

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

JAN 1 2 2000

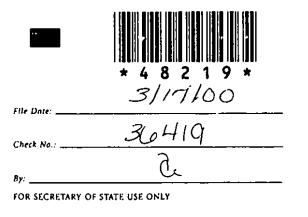
James R. Langevin, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

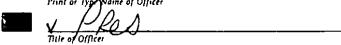
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

48219 3. Street Address Principal Business		Design Management	t, Inc.	State	ZIp
#2 PARKS INDUST 1. Business Phone No.	RIAL DRIVE	S. State of Incorporation	VANDERGRIFT	PA	15690 6. SIC Code-
(724) 845–7336 7. Brief Description of the Characte	er of Business Conducted in	PENNSYLVANIA Rhode Island			59
COMMERCIAL INTE B. NAMES AND ADDRES President Name JOHN S. KURUC Street Address			MENT) FILL IN SPACES B Vice President Name JACK W. DYKES Street Address	EFORE USING ATTAC	CHMENTS
#2 PARKS INDUST	RIAL DRIVE	Zip	#2 PARKS INDUST	RIAL DRIVE.	Zip
VANDERGRIFT Secretary Name	PA	15690	VANDERGRIFT Treasurer Name	PA	15690
JACK W. DYKES Street Address "SAME"			JACK W. DYKES Street Address "SAME"		
City	State	Zip	City	State	219
9. NAMES AND ADDRES  Director Name  JOHN S. KURUC  Street Address  #2 PARKS INDUST  City  VANDERGRIFT  Director Name		Zip 15690	CHMENT) FILL IN SPACES  Director Name  JACK W. DYKES  Street Address  #2 PARKS INDUST  City  VANDERGRIFT  Director Name	RIAL DRIVE State PA	z <sub>ip</sub> 15690
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES 500		CHMENT)	11. SHARES ISSUED (*) ISSUED SHARES 500	* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMMON	\$50	500 .	COMMON	\$50

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and



JAN 1 5 1999

James R. Langevin, Secretary of State

Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

• •				4000	(CTPO)
PROFIT COF	RPORATION ary 1-March 1 • 1	ANNUAL REF	ORT FOR TH	E YEAR 1999	PILASE REAL INSTRUCTION
FORM MUST BE TYPED IN	BLACK)				
. Corporate ID No. 48219	<ol> <li>Name of Corporation</li> <li>Allegheny De</li> </ol>	" sign Management, li	1 <b>c.</b>		•
. Street Address Principal Bus	iness Office		City	State	Zip
2 PARKS IN1 Business Phone No. 724 – 845 –	AUSTRUKL DR 7336	S. State of Incorporation PENNSYLVANIA	VAN DEILBRIFT	PA	6. SIC Code <b>59</b>
. Brief Description of the Cha	racter of Business Conducted in .	Rhode Island			
GENBUL	CONSTRUCT	0~			
B. NAMES AND ADD	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES	BEFORE USING ATTACH	MENTS ,
resident Nome			Vice President Name	A	
JOHN 3.	LUZUC		JACK W.	DYICES	
ireet Address U.Z. ODAII/ S. I.I	LURUC OUSTRUKL DOLLV	(	Street Address もつ PA-DVC 1.	IOUSTUAL DRI	JF-
illy privaces the	State	Zip	City (A	State_	Zip
VAN DEUGRIFT	PA	15690	VANDERULLET	State	15690
JACK W.	Nuxes		Treasurer Name Sky W.	ALVES	
THUK W	DAICE		Street Address	DYCE	•
SAME			SAME		
illy	State	Zip	City	State	Zip
NAMES AND ADD	DESSES OF THE DIDE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
Director Name	RESSES OF THE DIRE	JIORS ( A DOX TOX ATTA	Director Name		
JOHN 5.	Kuruc Inoustral ar		Cleant Address	. DYKES	
\$2 PARKS 1	INDUSTRUKL OF	_	# 2 PARKS 1	NOUSTUAL OR	
Sity SA La SA Cardia	Stote PA	Zip	City	. State	15690
VAN DEUDUFT Director Name	ΓA	15690	Director Name	. IA	(30-10
Street Address			Street Address		
City	State	Zip	City	State	Zip
	RIZED (*X* BOX FOR ATTAI	CHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
500	Consers	50,000	500	Consumo. S	57 00,0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 8 2 1 9 *	•
File Date:	W616,99	
Check No.:	29610	
By:	STATE USE ONLY	

Under penalty of perjury, I declare and aftirm that I have examined this report, including any accompanying schedules and statements, and that all statements gontained byrein are true and correct. Signature of Officer Print or Type Name of Officer



Title of Officer

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PTCASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. St. <b>4821.0</b> ss Principal Business	officeAllegheny D	lesign Management, Ir	10 City	State	Zip
#2 PARKS INDUST	RIAL DRIVE	S. State of Incorporation	VANDERGRIFT	PA	15690 6. SIC Code
(724) 845-7336 7. Brief Description of the Character	of Business Conducted in	Rhode IsPUENNSYLVANIA	<b>A</b>		0059
GENERAL CONSTRU 8. NAMES AND ADDRES. President Name	CTION - COMMI SES OF THE OFFI	ERCIAL CERS ("X" BOX FOR ATTACH	MENT) Vice President Name		
JOHN S. KURUC			JACK W. DYKES Street Address	•	
City #2 PARKS INDUST	RIAL DRIVE	Zip	#2 PARKS INDUST	RIAL DRIVE	Zip
VANDERGRIFT Secretary Name	PA	15690	VANDERGRIFT Treasurer Name	PA	15690
JACK W. DYKES Street Address			JACK W. DYKES Street Address		
#2 PARKS INDUST	RIAL DRIVE	Zip	#2 PARKS INDUSTR	IAL DRIVE	Zip
VANDERGRIFT  9. NAMES AND ADDRES	PA SES OF THE DIRI	15690 ECTO <b>RS</b> ("X" BOX FOR ATTA		PA .	15690
NONE Street Address			Director Name NONE Street Address		
City	State	Zip	City	State	ZIp
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	\$50,000	1000	COMMON	\$50,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 8 2 1 9 *
File Date:	22168
By:FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declard and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained ferein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer



Jumes R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC
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1. Corporate ID No. 48219

Number of Shares

1000

2. Name of Corporation

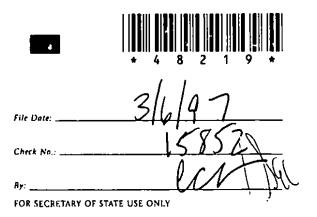
Allegheny Design Management, Inc.

. Street Address Principal Business Office			City	State	Zip	
#2 PARKS INDUST	RIAL DRIVE	5. State of Incorporation	VANDERGRIFT	PA	15690 6. SIC Code <b>0059</b>	
(412) 845–7336  Brief Description of the Character of Business Conducted in Rhode is			PENNSYLVANIA			
GENERAL CONSTRU						
. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTA	ACHMENT) Vice President Name			
JOHN S. KURUC			JACK W. DYKES Street Address			
#2 PARKS INDUST	RIAL DRIVE State	Zip	#2 PARKS INDUS	TRIAL DRIVE	Zip	
VANDERGRIFT ecretary Name	PA	15690	VANDERGRIFT Treasurer Name	PA	15690	
JACK W. DYKES			JACK W. DYKES Street Address			
#2 PARKS INDUSTRIAL DRIVE		Zip	#2 PARKS INDUST	RIAL DRIVE	Zip	
VANDERGRIFT	PA	15690	VANDERGRIFT	PA	15690	
. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) Director Name			
Director Name NONE Street Address			NONE Street Address			
Olty	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ	ZED AND ISSUED (	"X" BOX FOR ATTACHMEN				
ALTITACORIZETA SHARES			ISSUED SHARES			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

1000



Class/Series

COMMON

Par Value

\$50,000

Under penalty of perjury, I declare and affirm that I have examined ring any accompanying schedules and statements, and its contained herein are true and correct.

Class/Series

COMMON

Par Value

\$50,000



Title of Officer

## **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

CORPORATE ID NO.	2. HAME OF CORPORATION	PLEASE TYPE OR PRI	NT IN BLACK INK.		
48219	Alleghe	eny Design Manage	ament Inc		
TREET ADDRESS PRINCIPAL BUSINESS OFFIC		my besign manage	an an	STATE	7JP C00E
4 ROUTE 380	WEST		Apollo	PA	15613
THESS PHONE NO.	• • • •	5 STATE OF INCORPORATION		• • •	6. SIC CODE
412-727-2611		PENNSYLVA	IIA		0059_
ef description of the character of Bi			• • •		00 /_
GENERAL CONS	TEUCTION - (	COMMERCIAL			
	8. NAM	ES AND ADDRE		FFICERS	
DENT HAME JOHN S. K	URUC		VICE PRESIDENT NAME  JACK W.	DUKES	
T ADDRESS			STREET ADDRESS		<del></del>
84 ROUTE 3	BO WEST		BY ROUTE	380 WEST	
Apollo	STATE	15613	APOLLO	STATE PA	75 COOE
TARY NAME	<u></u>		TREASURER NAME		
JACK W. Dy	KFS		JACK W	. DYKES	
I AUUMUSS			STREET ADDRESS		·
BY ROUTE 3	STATE	ZIP CODE	DY KOUTE	380 WEST	ZIP CODE
Apous	PA	15613	APOLLO	STATE PA	1563
	9. NAM	ES AND ADDRE		IRECTORS	
JOHN S. KUP	? i \ C		JAUL W. (	NUKES	
1 AUDRESS		<del>-</del> - <del></del>	STREET ADDRESS	····	<del></del>
BY POUTE 31	30 WEST			380 WEST	
rous	STATE PA	217 CODE 15613	Apous	STATE	25006 (51013
TOR NAME	-\ <del></del>		DIRECTOR NAME	——— \	-
	· <del></del>				
TADORESS			STREET ADORESS		
<del></del>	STATE	ZEP CODE	слу	STATE	ZIP COOE
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	10. SH	ARES AUTHORIZ	EO ANO ISSUEI	D	
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	This	report must be SIGN	FD IN INK hv either t	he	
Presid		nt, Secretary, Assistar			9
			Under penalty	of perjury,4 declare and a	offirm that I have examine
			report, includin all statements o	g any accompanying sche contained herein a ethica	dules and statements, ar and correct.
1				106 11X	144
le Date: //2 5/9	p		Signature of Of	ficer /	
1,2	/		1	OHN 3. KUI	2016
neck No: // 3 3 7	^		Print or Type N		
v. Anx 1	N)		<b>=</b>	ESIDENT	
For Secretary of St	are Use Only		Title of Officer	E JIVEN I	Date
I				•	

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

JAN 13 1995 ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

## ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	9219	Annual Report for the year: 1995				
•	Alledhenu Desian Mana	•		<u> </u>		
Name of Corporation:				<u> </u>		
Business entity organized under the laws of the State of: PENNSYLVANIA  For foreign entity, address and telephone number of principal office:		Business Entity is (check one):				
84 ROUTE 380 WEST		<ul><li>[ X] Business Corporation (See RIGL Chapter 7-1.1)</li><li>[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)</li></ul>				
APOLLO, PA 15613	3	[ ] Trotessional Se	race Corporation (See KIOL Chap	ter 7-3.1)		
Phone: (412 ) 727-261	1	Brief statement of th COMMERCIAL	e character of business conducted in INTERIOR DESIGN & CONS	n Rhode Island:		
	rincipal office of business entity in Rhode			<u> </u>		
Island (Provide street address -						
NONE						
				<del></del>		
Phone: ( )						
	THE NAMES OF T	HE OFFICERS ARE:				
ERESIDENT	STREET AD	DRESS	CITY/STATE	ZIP CODE		
JOHN S. KURUC	R.D. #2, BOX 29-A		VANDERGRIFT PA	15690		
JACK W. DYKES	STREET AT 300 WE IMER ROAD	DRESS		ZIP CODE		
SECRETARY	STREET AD	merce	LÉECHBURG, PA	15656 ZIP CODE		
JACK W. DYKES	300 WEIMER ROAD		LEECHBURG, PA			
TREASURER	STREET AS	ORESS	CITY/STATE	15656 ZIP CODE		
JACK W. DYKES	300 WEIMER ROAD		LEECHBURG, PA	15656		
		HE DIRECTORS ARE				
NAME N/A	STREET AC	DRESS	CITY/STATE	ZIP CODE		
NAME						
MAS C	STREET AC	ORESS	CITY/STATE	ZIP CODE		
NAME	STREET AC	DRESS	CITY/STATE	ZIP CODE		
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NUMBER OF SHARES AUTHO	DRIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)				
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Date	, 19 <u>95</u> . By	TUCK N. MIN	<u> </u>	<b>_</b>		
	FRINTOR	<u>/JACK_WDYKE\$</u> YVYCESPRESYNDNY	<del></del>			
Form 31 1/95	τατίε ορ ο	VICE PRESTORNI FFICER SIGNING	<del></del>			
	DESIGNATED REGISTERED AG	ENT FOR SERVICE (	OF PROCESS:			

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

## Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE of PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually LLC Sept. 1 - Nov. 1 CORP Jan. 1 - March 1

Corporate ID		Annual Report for	the year:	1 <u>994</u>	
Name of Business Entity:		Allegheny	Design Ma	anageme <u>nt, I</u> n	<u> 1</u>
Name of Business Entity:  Business entity organized under the laws of the State Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of 84 ROUTE 380 WEST  APOLLO, PA 15613  Phone (412) 727-2611  Address and telephone of the principal office of bus Island (Provide street address - Not P.O. Box)  NONE	principal office.	Business Entity  [X] Bu  [ ] Pro  [ ] Lir  Name, utle and communication  JOHN  ALLE  84 R  APOL  Brief statement	ris (check one): siness Corporation ofessional Service Conted Liability Con I mailing address of is may be directed: I.S., KURUC COHENY DESTG OUTE 380 WE LO, PA 156 t of the character of	(See RIGL Chapter 7-1. Corporation (See RIGL Cinpany (See RIGL 7-16)) If contact person to whom  N. MANAGEMENT 1. ST	(NC.
Phore. (1 )		Date of Organi Date of Qualifi		UARY 1, 1989	creign entity)
		]			·
[ ] CONDERVECEDIAL OFFICES OR		DRESS	CHAST	ATE	ZIP COD!
JOHN'S, KURUC, R.D. #2,			CUA.21	ATE .	- Zir COOH.
COSTODIAN OF RECORDS ON X SECRETARY (Check Check			( <sup>1</sup> Y/51	A:E	Z:P CCD*
JACK W. DYKES, 300 WEIME  JACK W. DYKES, 300 WEIME	GATEBO?	PA <u>_15656</u>	CHYSE.	ATE.	ZIPCODE
NAME	STRECT AU		CISSE	ATF	ZIP COOF
NOT APPLICABLE	STREET AD	ORESS	CITYST	ATT	Z/P CODE
NAME	STREET AD	DRESS	C15 <u>6</u>	ATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (If App	olicable)	NUMBER OF SE	TARES ISSUED A	ND OUTSTANDING (I	If Applicable)
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	∌श:पा तहे	OHN S. KURUK TYALSAMÉ GERENGER S	IGNING	<del></del> -	· <u></u>
		RESIDENT DEFICER SIGNING			<del>_</del> _
Form 31 - 194		<u> </u>			
	EGISTERED OR RESID				<del></del> - · <del></del>
PLEASE NOTE. If the Corporation has changed	ints registered office and/or re	gistered or resident a	igent, Form 9 or Fo	orm LLC 3 must be filed	

CT CORPORATION SYSTEM 193 DYER STREET PI 03903