

1.) CORPORATION NAME:

**AMERICAN BRIDGE COMPANY**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1010729**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	6,300,000
COMB	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 AMERICAN BRIDGE WAY

CITY/ST/ZIP: CORAOPOLIS, PA 15108

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL D FLOWERS	
TITLE:	PRESIDENT	
ADDRESS:	3916 MIMOSA DR	
CITY/ST/ZIP/CO:	BETHEL PARK, PA 15102	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN BIDOSKY III	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 AMERICAN BRIDGE WAY	
CITY/ST/ZIP/CO:	CORAOPOLIS, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	N. MICHAEL CEGELIS	
TITLE:	SENIOR VP	
ADDRESS:	1000 AMERICAN BRIDGE WAY	
CITY/ST/ZIP/CO:	CORAOPOLIS, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RONALD W CROCKETT	
TITLE:	VP-ENGINEERING	
ADDRESS:	1000 AMERICAN BRIDGE WAY	
CITY/ST/ZIP/CO:	CORAOPOLIS, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AMR EL NOKALI	
TITLE:	VP OF ADMINISTR	
ADDRESS:	1000 AMERICAN BRIDGE WAY	
CITY/ST/ZIP/CO:	CORAOPOLIS, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT GAMMON	
TITLE:	VICE PRESIDENT	
ADDRESS:	7301 WEST 129TH STREET	
CITY/ST/ZIP/CO:	SUITE 130 OVERLAND PARK, KS 66213	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KWADWO OSEI-AKOTO VP-NY OPERATION ONE BRIDGE PLAZA FORT LEE, NJ 07024	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN PETERSEN VICE PRESIDENT 375 BURMA ROAD OAKLAND, CA 94607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID T SIMMONS SENIOR VP 7401 BEAUFONT SPRINGS BOULDERS VI, SUITE 301 RICHMOND, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT T YAHNG S/D 303 EVERGREEN DRIVE KENTFIELD, CA 94704	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA A BENA T/AS 105 PARK AVE VENETIA, PA 15367	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANNY G FRISCO SVP-ESTIMATING 1000 AMERICAN BRIDGE WAY CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK BELL VP-TAMPA OPERAT 5430 W. TYSON AVE TAMPA, FL 33611	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAMELA A BENA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAMELA A BENA, T/AS PRINTED NAME AND CORPORATE TITLE	8/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			