

1.) CORPORATION NAME:

AMERICAN BRIDGE COMPANY

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1010729**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 AMERICAN BRIDGE WAY

CITY/ST/ZIP: CORAOPOLIS, PA 15108-1266

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.

<p>NAME: MICHAEL D FLOWERS TITLE: PRESIDENT ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK BELL TITLE: VP-TAMPA OPS ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN BIDOSKY III TITLE: VICE PRESIDENT ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: N MICHAEL CEGELIS TITLE: SENIOR VP ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RONALD W CROCKETT TITLE: VP-ENGINEERING ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: AMR EL NOKALI TITLE: VP-ADM ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: SCOTT M GAMMON TITLE: VP-MIDWEST OPS ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KWADWO OSEI-AKOTO TITLE: VP-NY OPS ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN A PETERSEN 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: DAVID T SIMMONS 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: ROBERT T YAHNG TITLE: SECRETARY ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAMELA A BENA TITLE: TREASURER ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LANNY G FRISCO TITLE: SVP-ESTIMATING ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL W BLUCHER TITLE: ASST SECRETARY ADDRESS: 1000 AMERICAN BRIDGE WAY CITY/ST/ZIP/CO: CORAOPOLIS, PA 15108	<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/ DANIEL WBLUCHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL WBLUCHER, PRINTED NAME AND CORPORATE TITLE	8/23/2013 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.		