

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824414 (7)

1. Corporation Name
M.A. BRUDER & SONS, INCORPORATED

Principal Place of Business Mailing Address
600 REED ROAD 600 REED ROAD
BROOMALL PA 19008-3505 BROOMALL PA 19008-3505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/21/1970 3a. Date of Last Report 08/12/1994
4. FEI Number 23-1275778 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
State, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when registering. DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BRUDER, THOMAS A. JR.
STREET ADDRESS	600 REED RD.
CITY- ST- ZIP	BROOMALL PA
TITLE	V
NAME	WINTERS, DAVID R.
STREET ADDRESS	600 REED RD.
CITY- ST- ZIP	BROOMALL PA
TITLE	VD
NAME	BRUDER, JAMES J
STREET ADDRESS	600 REED RD.
CITY- ST- ZIP	BROOMALL PA
TITLE	VD
NAME	BRUDER, MICHAEL A.
STREET ADDRESS	600 REED ROAD
CITY- ST- ZIP	BROOMALL PA
TITLE	S
NAME	BRUDER, THOMAS A
STREET ADDRESS	210 JAMES DRIVE
CITY- ST- ZIP	WESTCHESTER PA
TITLE	AST
NAME	BURNS, FRANCIS P.
STREET ADDRESS	604 WILDE AVE
CITY- ST- ZIP	DREXEL HILL PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims that qualify for the exemption stated in Section 119 (2)(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That I am authorized by the corporation to receive or transmit information or to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment, with an address.

SIGNATURE: *Francis P. Burns* Francis P. Burns 2-21-95 (610)353-5100
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE