FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT	(UBR)	Secretary of State
DOCUMENT # F 9900000 1916 1. Entity Name		05-06-2002 90174 011 ***150.00
AP Colorado, Inc.		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business One Mollon Certler Suite, Apt. #, etc. 3. Mailing Address One Mollo Suite, Apt. #, etc.	lon Center	DO NOT WRITE IN THIS SPACE
Koom 112 Room	<i>1112</i>	
PHS burgh, PA City Plate burg	h. PA	4. FEI Number 8 4 - 0934/64 Applied For Not Applicable
Zip Cogntry Zip Zip Cogntry Zip SX-MM	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
1998 0001 0011 11308 0001		7. Name and Address of Current Registered Agent
-DO-NOT WOITE	Name C	T-Corporation System
DO:NOT WRITE	Street Address	SOUTH FINE ISLANDER Rd.
IN THIS SPACE		,
	CityPlan	Hating FL Zip Code
8. The above named entity submits this statement for the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida.
SIGNATURE		
	Registered Agent signature requir	ed when reinstating) DATE
Try filing requirement and elects to do so.	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS		
HTLE PCD AND SON	TITLE NAME	100
STREET ADDRESS 1535 One Mellen Corper	STREET ADDRESS	
CITY-ST-ZIP P, ASOURAN, PA 15258-0001	CITY-ST-ZIP	
NAME Don A Canaford	TITLE NAME	
STREET ADDRESS 159,5 ONE Mellon Conver	STREET ADDRESS	
CITY-ST-ZIP PINGBURGH, PP- 15258-0001	CITY-ST-ZIP	
NAME JOSEPH P. HEISER CONVER	NAME -	The same services and the same services are same services are same services and the same services are same services and the same services are same service
STREET ADDRESS 4826 One Mellon Conver	STREET ADDRESS	DO NOT WRITE
TITLE T () .	TITLE	
NAME Albert N. Larimer	NAME	IN THIS SPACE
CITY-ST-ZIP PHS burgh, PA 15258-0001	STREET ADDRESS City-St-Zip	
ITILE AT	TITLE	
NAME CORY E Abbs	NAME OTHERT ADDRESS	
STREET ADDRESS And One Mellon Center DITY-ST-ZIP PHS BURGH, PA 15258-0001	STREET ADDRESS CITY-ST-ZIP	
ITLE J J J	TITLE	:
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
13. I hereby certify that the information symplicid with this filing does not qualify for th	e evernation stated in S	Paction 119.07/3Vi) Florida Statutes I further certify that the information

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cary E. Abbs Lauge. Olle 422/02 412-2346082