

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90422 008 \*\*\*150.00

**DOCUMENT # F99000001916**

1. Entity Name  
**A P COLORADO, INC.**



Principal Place of Business  
**ONE MELLON CENTER  
ROOM 772  
PITTSBURGH PA 15258**

Mailing Address  
**ONE MELLON CENTER  
ROOM 772  
PITTSBURGH PA 15258**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **84-0934164**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD WHITE, SHERMAN 1535 ONE MELLON CENTER PITTSBURG PA 15258-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LANGFORD, DON A 1525 ONE MELLON CENTER PITTSBURG PA 15258-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LARIMER, ALBERT N 4502 ONE MELLON CENTER PITTSBURG PA 15258-0001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEISER, JOSEPH P 4826 ONE MELLON CENTER PITTSBURG PA 15258-0001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SCIULLO, JOANNE E 772 ONE MELLON CENTER PITTSBURG PA 15258-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SCIULLO, JOANNE E SUITE 772, ONE MELLON BANK CTR PITTSBURGH PA 15258</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD Thompson, J. David 1535 One Mellon Center Pittsburgh, PA 15258-0001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5325 One Mellon Center Pittsburgh, PA 15258-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pittsburgh, PA 15258-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT Huber Joanne S. 772 One Mellon Center Pittsburgh, PA 15258-0001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joanne S. Huber**  
**Assistant Treasurer** 1/3/03 412-234-1334

Date

Daytime Phone #



ATTACHMENT #  
F99000001916  
30006686

**Mellon**

Mellon Bank, N. A.  
One Mellon Center, Room 772  
Pittsburgh, PA 15258-0001

January 7, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

The following return(s) is enclosed:

2003 Annual Report

For the State of FL

The company filing this return is:

A P Colorado, Inc.

A check in the amount of \$150.00 is enclosed.

Very truly yours,

*Michelle M. Malone*

Michelle M. Malone

Enclosure(s)

cc: Joanne S. Huber