

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M96000000358

1. Entity Name

CROSSROADS HOSPITALITY TENANT COMPANY, L.L.C.

Principal Place of Business

FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220-2700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1774116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM PAH-CROSSROADS HOLDINGS, INC. ☒ Delete
STREET ADDRESS 1950 STEMMONS FREEWAY SUITE 6001
CITY- ST- ZIP DALLAS TX 75207

TITLE NAME MGRM Interstate Member, Inc. ☐ Change ☒ Addition
STREET ADDRESS 680 Andersen drive, Foster Plaza Ten
CITY- ST- ZIP Pittsburgh, PA 15220

TITLE NAME MGRM PAH-CROSSROADS MEMBER, INC. ☒ Delete
STREET ADDRESS 680 ANDERSEN DRIVE, FOSTER PLAZA X
CITY- ST- ZIP PITTSBURGH PA 15220

TITLE NAME MGRM Crossroads Hospitality Company, LLC. ☐ Change ☒ Addition
STREET ADDRESS 680 Andersen Drive, Foster Plaza Ten
CITY- ST- ZIP Pittsburgh, PA 15220

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003259918-7
CITY- ST- ZIP -05/19/00--01101--022
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Signature Required* *Manoel M. Malice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00
Date

(412) 937-0600
Daytime Phone #

CR2E083 (9/99)