

2001 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number

25-1774116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INTERSTATE MEMBER, INC.
680 ANDERSEN DRIVE, FOSTER PLAZA TEN
PITTSBURGH PA 15220** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700003959587--4
-04/04/01--01095--007
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CROSSROADS HOSPITALITY COMPANY, LLC
680 ANDERSEN DRIVE, FOSTER PLAZA X
PITTSBURGH PA 15220** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 of Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/01

Date

(412) 937-3313

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE

