

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M96000000424

1. Entity Name

CROSSROADS/MEMPHIS COMPANY, L.L.C.

00 MAY -2 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

25-1800010

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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

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:

*Manuel L. Maciole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00

(412) 937-0600

Date

Daytime Phone #

001443  
M

CR2E033 (9/99)