

2001 UNIFORM BUSINESS REPORT (UBR)

0027003 AF

DOCUMENT # M96000000424

1. Entity Name
CROSSROADS/MEMPHIS COMPANY, L.L.C.

FILED

01 MAR 26 PM 5: 00

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

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

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
INTERSTATE MEMBER, INC.
680 ANDERSEN DRIVE, FOSTER PLAZA TEN
PITTSBURGH PA 15220 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003961477-4
-04/05/01--01099--024
*****50.00 *****50.00 ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
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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:

Monica L. Mancini

3/15/01

(407) 937-3313

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

Date

Daytime Phone #

CR2E083 (11/00)