File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

attachment with an address.

SIGNATURE:

DOCUMENT # M9700000386

CROSSROADS FUTURE COMPANY, L.L.C. FOSTER PLAZA X

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 20 AMII: 52

1a. Principal Place of Business Address

J. William Richardson 444-98 (412) 931-0600

FOSTER PLAZA X

Hz 4/21

PITTSBURGH PA 15220								PITTSBURGH PA 15220				
										1022	•	
2. Principal Place of Business 2a. Malli				ng Address			3	. Date Organiza	ed or Qualified	3a. State	of Formation	
								06/30/1	1997 DE			
Suite, Apl. #, etc. Suite, Ap				ıt. #, etc.				. FEI Number				
City & State City				State								
								25-1800167 5. Date of Last Report			Not Applicable 6. Certificate of Status Desired	
Zφ		Country	Žip		Country			- Suite of successions		\$8.75 Additional Fee Required		
	7. Name and Address of Current Registered						<u>-</u>					
	7. Nam	e and Addre	Agent 8. Name and Addre					ss of New Registered Agent/Office				
CORPORATION SERVICE , COMPANY												
1201	HAYS	STREET	Street Address (P.O. Box Number				Box Number is	is Not Acceptable)				
TALLAHASSEE FL 32301												
					S	Suile, Apt. #, etc.						
				City				Zip Code				
						FL						
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment												
as registered agent, and accept the obligations.												
SIGNATURE												
10, Title					OTE Registered Agent signature required when reinstating) Business Street Address				City, State and Zip Code			
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11. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an