2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business



FILED Jan 13, 2003 8:00 am Secretary of State

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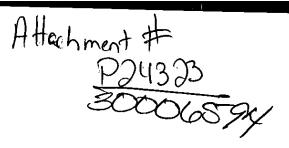
RM 772 ONE MELLON BANK CENTER RM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258 PITTSBURGH PA 15258 ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 74-2374589 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, J. DAVID NAME NAME CR2E034 (10/ 1 MELLON CENTER, ROOM 1535 STREET ADDRESS STREET ADDRESS PITTSBURGH PA 15258-0001 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Delete TITLE Change ☐ Addition NAME LARMER, ALBERT N Larimer, Albert N. NAME STREET ADDRESS 1 MELLON CENTER, ROOM 5325 STREET ADDRESS CITY-ST-ZIP PITTSBURG PA 15258-0001 CITY-ST-ZIP Pittsburgh, PA TITLE ☐ Delete TITLE Addition NAME HEISER, JOSEPH P. -- ____ NAME STREET ADDRESS 1 MELLON CENTER, ROOM 4826 STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP AT TITLE ☐ Delete ☐ Change Addition HUBER, JOANNE S NAME NAME 1 MELLON CENTER, ROOM 772 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





Mellon

Mellon Bank, N. A.
One Mellon Center, Room 772
Pittsburgh, PA 15258-0001

January 7, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Enclosure(s)

cc: Joanne S. Huber