FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 36160

1. Corporation Name
APU Cypress Springs, Inc.

Principal Place of Business / Mailing Address
~~4550 One Mellon Bank Center~~
~~Pittsburgh, PA 15258-0001~~

200001549012
-07/18/95--01072--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 One Mellon Bank Center	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Room 772	27
City & State	City & State
23 Pittsburgh, PA	28
Zip / Country	Zip / Country
24 15258-0001 25	29 30

3. Date Incorporated or Qualified: 3-7-91
3a. Date of Last Report: 3/22/94
4. FEI Number: 25-165 3923 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C. T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/C/P	11 TITLE	☐ Change ☐ Addition
NAME	Hall, Richard L.	12 NAME	
STREET ADDRESS	4850 One Mellon Bank Center	13 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA	14 CITY-ST-ZIP	
TITLE	T.	21 TITLE	☐ Change ☐ Addition
NAME	Taylor, S. Lynn	22 NAME	
STREET ADDRESS	2945 One Mellon Bank Center	23 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA	24 CITY-ST-ZIP	
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	Lonsinger, Mark P.	32 NAME	
STREET ADDRESS	772 One Mellon Bank Ctr.	33 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA	34 CITY-ST-ZIP	
TITLE	S.	41 TITLE	☐ Change ☐ Addition
NAME	Whiteman, Barbara J.	42 NAME	
STREET ADDRESS	1820 One Mellon Bank Center	43 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA.	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	TLS 7/14/95	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark P. Lonsinger 7/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK P. LONSINGER, TREASURER