

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S36160 (7)

1. Corporation Name
APU CYPRESS SPRINGS, INC.

Principal Place of Business
ONE MELLON BANK CENTER
ROOM 772
PITTSBURGH PA 15258-0001

Mailing Address
ONE MELLON BANK CENTER
ROOM 772
PITTSBURGH PA 15258-0001

3. Date Incorporated or Qualified 03/07/1991	3a. Date of Last Report 04/19/1996
4. FEI Number 25-1653923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HOLL, RICHARD L	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAYLOR, S. L	
STREET ADDRESS	2945 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LANSINGER, MARK P	
STREET ADDRESS	772 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITEMAN, BARBARA J	
STREET ADDRESS	2945 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCARTOR, MICHAEL M.	
STREET ADDRESS	ONE MELLON BANKCENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taylor, S. Lynn
2.3 STREET ADDRESS	746 One Mellon Bank Center
2.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1840 One Mellon Bank Center
4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4850 One Mellon Bank Center
5.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

[Signature]

4/29/97

412-234-6083

CR2E034 (9/96)