

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S36160**

1. Entity Name

**APU CYPRESS SPRINGS, INC.**

Principal Place of Business

Mailing Address

**ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001****ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | DCP                         | <input type="checkbox"/> Delete            |
| NAME           | WHITE, SHERMAN L            |  |
| STREET ADDRESS | 1535 ONE MELLON BANK CTR    |  |
| CITY-ST-ZIP    | PITTSBURGH PA 15258-0001    |  |
| TITLE          | T                           | <input type="checkbox"/> Delete            |
| NAME           | PARNELL, VICKI              |  |
| STREET ADDRESS | 2945 ONE MELLON BANK CENTER |  |
| CITY-ST-ZIP    | PITTSBURGH PA 15258-0001    |  |
| TITLE          | AT                          | <input checked="" type="checkbox"/> Delete |
| NAME           | LANSINGER, MARK P           |  |
| STREET ADDRESS | 772 ONE MELLON BANK CENTER  |  |
| CITY-ST-ZIP    | PITTSBURGH PA 15258-0001    |  |
| TITLE          | S                           | <input type="checkbox"/> Delete            |
| NAME           | HEISER, JOSEPH P            |  |
| STREET ADDRESS | 4826 ONE MELLON BANK CTR    |  |
| CITY-ST-ZIP    | PITTSBURGH PA 15258-0001    |  |
| TITLE          | VP                          | <input type="checkbox"/> Delete            |
| NAME           | POPKO, KENNETH W            |  |
| STREET ADDRESS | 1535 ONE MELLON BANK CTR    |  |
| CITY-ST-ZIP    | PITTSBURGH PA 15258-0001    |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 5325 One Mellon Bank Ctr. |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | AT                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Joanne E. Scivillo        |  |
| STREET ADDRESS | 772 One Mellon Bank Ctr.  |  |
| CITY-ST-ZIP    | Pittsburgh, PA 15258-0001 |  |
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    | Pittsburgh, PA 15258-0001 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. 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 name appears in Block 11 or Block 12 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

Date

Daytime Phone #

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90101 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1653923**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****Joanne E. Scivillo** **1-24-00** **412-234-1331**