APPROVED AND FILED

1995 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
[redacted]
APD CHIMNEYLAKES, INC.

DOCUMENT #
[redacted] S36162

20000149252
-05/17/95--01180--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Mailing Address
[redacted]

Principal Place of Business
[redacted]
P.O. BOX 591
WILMINGTON DE 19899

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	5. Principal Place of Business
21 One Mellon Bank Center	26
Suite, Apt. #, etc. 22 Room 772	Suite, Apt. #, etc. 27
City & State 23 Pittsburgh, PA	City & State 28
Zip 24 15258-0001 Country 25	Zip 29 Country 30

4. Date Incorporated or Qualified: 05/24/1988
5. Date of Last Report: 03/29/1993 3/22/94
6. FEI Number: [redacted] 25-1652977 — Applied For / Not Applicable
7. Certificate of Status Desired — $8.75 Additional Fee Required ☐
8. Nonprofit Exempt from $138.75 Supplemental Fee ☐
$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

3. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
FOWLER & CLARK, P.A.
502 EAST PARK AVENUE
TALLAHASSEE 32301

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ______
Registered Agent Accepting Appointment (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13.	
1 1 TITLE	D/C/P	1 1 TITLE	
1 2 NAME	HOLL RICHARD L	1 2 NAME	
1 3 STREET ADDRESS	4850 ONE MELLON BANK CENTER	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	PITTSBURGH PA	1 4 CITY-ST-ZIP	
2 1 TITLE	V/T	2 1 TITLE	V
2 2 NAME	GEIS KATHLEEN J	2 2 NAME	McGARTOR, MICHAEL M.
2 3 STREET ADDRESS	2945 ONE MELLON BANK CENTER	2 3 STREET ADDRESS	4850 ONE MELLON BANK CENTER
2 4 CITY-ST-ZIP	PITTSBURGH PA	2 4 CITY-ST-ZIP	PGH, PA. 15258-0001
3 1 TITLE	A/T	3 1 TITLE	
3 2 NAME	LANSINGER, MARK P.	3 2 NAME	
3 3 STREET ADDRESS	772 ONE MELLON BANK CTR	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	PITTSBURGH PA	3 4 CITY-ST-ZIP	
4 1 TITLE	S	4 1 TITLE	
4 2 NAME	WHITEMAN BARBARA J	4 2 NAME	
4 3 STREET ADDRESS	1820 ONE MELLON BANK CENTER	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	PITTSBURGH PA	4 4 CITY-ST-ZIP	
5 1 TITLE		5 1 TITLE	T
5 2 NAME		5 2 NAME	RADOCAJ, ROBERT
5 3 STREET ADDRESS		5 3 STREET ADDRESS	2945 ONE MELLON BANK CENTER
5 4 CITY-ST-ZIP		5 4 CITY-ST-ZIP	PGH, PA. 15258-0001
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	JOA
6 3 STREET ADDRESS		6 3 STREET ADDRESS	5-1-95
6 4 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing [illegible] voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mark P. Lansinger 5/1/95

MARK P. LANSINGER, ASSISTANT TREASURER