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 MAY -1 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # S36183

1. Corporation Name

APO CROSS CREEK, INC.

Principal Place of Business	Mailing Address
4850 One Mellon Bank Ctr, Pittsburgh, PA 15258-0001	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 One Mellon Bank Center	26	3/7/91	3/30/93
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 Room 772	27	25-1653922	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Pittsburgh, PA	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County	Zip / County	7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 15258-0001 25	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	D/C/P	11 TITLE	☐ Change ☐ Addition
NAME	HOLL, RICHARD L	12 NAME	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	13 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MCARTOR, MICHAEL M	22 NAME	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	23 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH, PA	24 CITY ST ZIP	
TITLE	CONTROLLER	31 TITLE	☐ Change ☐ Addition
NAME	S Lynn Taylor	32 NAME	
STREET ADDRESS	3945 One Mellon Bank Center	33 STREET ADDRESS	
CITY ST ZIP	Pittsburgh, PA 15258	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	Whitoman, Barbara J.	42 NAME	
STREET ADDRESS	1820 One Mellon Bank Center	43 STREET ADDRESS	
CITY ST ZIP	Pittsburgh, PA	44 CITY ST ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	Lansinger, Mark P.	52 NAME	
STREET ADDRESS	772 One Mellon Bank Ctr.	53 STREET ADDRESS	
CITY ST ZIP	Pittsburgh, PA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/26/21

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)(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: X Mark P. Lansinger 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

MARK P. LANSINGER, Assistant Treasurer