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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

DOCUMENT # S36183 (9)  
1. Corporation Name  
APU CROSS CREEK, INC.



Principal Place of Business  
4850 ONE MELLON BANK CTR.  
PITTSBURGH PA 15258-0001

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
03/07/1991

3a. Date of Last Report  
04/19/1996

4. FEI Number  
25-1653922

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

CT CORPORATION SYSTEM  
1200 S. 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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DCP  
HOLL, RICHARD L  
4850 ONE MELLON BANK CENTER  
PITTSBURGH PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
MCARTOR, MICHAEL M  
4850 ONE MELLON BANK CENTER  
PITTSBURGH PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
TAYLOR, S. LYNN  
2945 ONE MELLON BANK CENTER  
PITTSBURGH PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WHITEMAN, BARBARA J  
1820 ONE MELLON BANK CENTER  
PITTSBURGH PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AT  
LANSINGER, MARK P  
772 ONE MELLON BANK CENTER  
PITTSBURGH PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Pittsburgh, PA 15258-0001

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Pittsburgh, PA 15258-0001

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Treasurer  
740 One Mellon Bank Center  
Pittsburgh, PA 15258-0001

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Pittsburgh, PA 15258-0001

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Pittsburgh, PA 15258-0001

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Pittsburgh, PA 15258-0001

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]*

11/2/97 11/2-224-6003

CR2E034 (9/96)