


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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 25-1653922		Applied For Not Applicable	
22 City & State	27 City & State	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	
23 Zip	28 Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

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
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	DCP
NAME	HOLL, RICHARD L	1.2 NAME	Sherman L. White
STREET ADDRESS	4850 ONE MELLON BANK CENTER	1.3 STREET ADDRESS	1535 One Mellon Bank Ctr.
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	V	2.1 TITLE	
NAME	MCARTOR, MICHAEL M	2.2 NAME	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	2.3 STREET ADDRESS	1535 One Mellon Bank Ctr.
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	T	3.1 TITLE	
NAME	TAYLOR, S. LYNN	3.2 NAME	
STREET ADDRESS	740 ONE MELLON BANK CENTER	3.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	WHITEMAN, BARBARA J	4.2 NAME	
STREET ADDRESS	1820 ONE MELLON BANK CENTER	4.3 STREET ADDRESS	4826 One Mellon Bank Ctr.
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
TITLE	AT	5.1 TITLE	
NAME	LANSINGER, MARK P	5.2 NAME	
STREET ADDRESS	772 ONE MELLON BANK CENTER	5.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E034 (10/97)