

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36183

1. Entity Name
APU CROSS CREEK, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90170 002 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1653922**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCP WHITE, SHERMAN L. 1535 ONE MELLON BANK CENTER PITTSBURGH PA 15258 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POPKA, KENNETH W 1535 ONE MELLON BANK CENTER PITTSBURGH PA 15258 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PARNELL, VICKI K 5325 ONE MELLON BANK CTR PITTSBURGH PA 15258 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEISER, JOSEPH 4826 ONE MELLON BANK CENTER PITTSBURGH PA 15258 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT SCIULLO, JOANNE E 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1535 One mellon Center Pittsburgh, PA 15258-0001 | |
| VP Don A. Langford 1525 One Mellon Center Pittsburgh, PA 15258-0001 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| T Albert D. Larimer 4502 One Mellon Center Pittsburgh, PA 15258-0001 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S 4826 One Mellon Center Pittsburgh, PA 15258-0001 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| AT 772 One Mellon Center Pittsburgh, PA 15258-0001 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Day

Daytime Phone #

CR2E034 (10/00)



Mellon

Finance Department

805099
Doc # S36183

January 12, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

The following return(s) is enclosed:

2001 Annual Report

For the State of FL

The company filing this return is:

APU Cross Creek, Inc.

A check in the amount of \$150.00 is enclosed.

Very truly yours,

Michelle M. Malone
Michelle M. Malone

Enclosure(s)

cc: Joanne E. Sciullo