

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 026 ***150.00

DOCUMENT # S36183

1. Entity Name

APU CROSS CREEK, INC.



Principal Place of Business

ONE MELLON CENTER ROOM 772
PITTSBURGH PA 15258-0001

Mailing Address

ONE MELLON CENTER ROOM 772
ROOM 772
PITTSBURGH PA 15258-0001
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

One Mellon Center
Room 772

City & State

City & State

Pittsburgh, PA

Zip

Country

Zip

Country

15258-0001

USA

4. FEI Number

25-1653922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, J DAVID	
STREET ADDRESS	ONE MELLON CENTER ROOM 1535	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARIMER, ABERT N	
STREET ADDRESS	ONE MELLON CENTER ROOM 5325	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARIMER, ALBERT N	
STREET ADDRESS	1 MELLON CENTER ROOM 1525	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HEISER, JOSEPH	
STREET ADDRESS	ONE MELLON CENTER ROOM 4826	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HUBER, JOANNE S	
STREET ADDRESS	ONE MELLON CENTER ROOM 772	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Shannon	
STREET ADDRESS	One Mellon Center, Room 965	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert N. Larimer	
STREET ADDRESS	One Mellon Center, Room 410	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Mellon Center, Room 410	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tamara A. Long	
STREET ADDRESS	One Mellon Center, Room 4826	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne S. Huber, AT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 412-234-1334
Date Daytime Phone #