2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S36183 **DOCUMENT#**

1. Entity Name APU CROSS CREEK, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90420 050 ***150.00

				<u> </u>					
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. Polical Place	not Business Nellon Center	3. Mailing Address Ne Me	ellon Con	ler		1 (884)818 188 11118 61181 11585 19186 1117 811) 0101 016 01	(Dis Olds) divis inth	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	FEI Number 25-1653922	-	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. (Certificate of Status Desired		\$8.75 Additional Fee Required	
1	6. Name and Address of Current R	Registered Agent			- 7. N	7. Name and Address of New Registered Agent			
				Name					
CT CORPORATION SYSTEM									
1200 S. PINE	E ISLAND ROAD		Street Address			(P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324									
FLANIATION	, , , , , , , , , , , , , , , , , , ,								
				City		F	Zip C	Code	
• The should not	mad antity authorite this statement for	the purpose of abou	naina ita raaistar	L	ragistared on	ent, or both, in the State of Florida. I a	m familiar w	ith and secont	
	s of registered agent.	the purpose of chai	nging its register	sa onice or	registered agr	ent, or both, in the State of Forida. Te	uri izviiiizi w	iai, and accept	
	3 3								
GIGNATURE	nature, typed or printed name of registered agent an	ad title it an allegable	(NOTE: Design	4		instating) DAT			
Sign	nature, typed or printed name or registered agent an	d title if applicable.	(NOTE: Hagistere	Agent signatu	re required when re	instating) DAI			
After Ma	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of	tate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND D	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 11	
	CP	☐ Del	ete TITLE		······································		☐ Chan		
NAME TH	HOMPSON, J DAVID	_ 501	NAM						
TREET ADDRESS ONE MELLON CENTER ROOM 1535 STR			ET ADDRESS						
CITY-ST-ZIP P	TTSBURGH PA 15258-0001		CITY	-ST-ZIP					
TITLE T		Del	ete TITLE				Chang	ge Addition	
NAME LA	arinier, albert		NAM	E	larim	er, Abert N.		1	
STREET ADDRESS O	NE MELLON CENTER ROOM 53	25	STRE	ET ADDRESS	C211 11.77	4, 11.00.			
CITY-ST-ZIP PI	TTSBURGH PA 15258-0001		CITY	-ST-ZIP					
TITLE VE	•	Dei	ete TITLE		VP		Chang	ge 🕱 Addition	
	ANGFORD, DON A	₩ Dei	NAM		lacim	er Albert Al		/	
	525 ONE MELLON CENTER			ET ADDRESS	One m	er, Albert N. ellon Genler, Roon	1525	-	
	TTSBURGH PA 15258-0001			·ST-ZIP	OTHER	ourgh PA 150	578-0	001	
TITLE S		□ Del	ete TITLE		1-11121	10/40) FIX 150	Chang		
	EISER, JOSEPH	L Dei	ete IIILE NAMI			\mathcal{I}		As C Vanition	

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ONE MELLON CENTER ROOM 4826

ONE MELLON CENTER ROOM 772

PITTSBURGH PA 15258-0001

PITTSBURGH PA 15258-0001

HUBER, JOANNE S

☐ Delete

☐ Delete

Il Toanne S. Huber, Asst Treusurer

☐ Change

☐ Change

Addition

Addition



Attachment# 536183 30006592

Mellon

Mellon Bank, N. A.
One Mellon Center, Room 772
Pittsburgh, PA 15258-0001

January 7, 2003 **Uniform Business Report Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500 Gentlemen: The following return(s) is enclosed: 2003 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, Michellern Malone Michelle M. Malone Enclosure(s) Joanne S. Huber