

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

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
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DOCUMENT # **S36184** (7)
1. Corporation Name
APU CHIMNEY LAKES, 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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1991	3a. Date of Last Report 04/19/1996
21 Suite, Apt. #, etc.	26	22 City & State	27	4. FEI Number 25-1653926	Applied For Not Applicable
23 Zip	28	24 Country	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	30	26	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLL, RICHARD L	1.2 NAME	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	1.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	1.4 CITY - ST - ZIP	Pittsburgh, PA 15258-0001
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTOR, MICHAEL M	2.2 NAME	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	2.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	2.4 CITY - ST - ZIP	Pittsburgh, PA 15258-0001
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, S. LYNN	3.2 NAME	
STREET ADDRESS	2945 ONE MELLON BANK CENTER	3.3 STREET ADDRESS	740 One Mellon Bank Center
CITY - ST - ZIP	PITTSBURGH PA	3.4 CITY - ST - ZIP	Pittsburgh, PA 15258-0001
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSINGER, MARK P.	4.2 NAME	
STREET ADDRESS	772 ONE MELLON BANK CENTER	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	4.4 CITY - ST - ZIP	Pittsburgh, PA 15258-0001
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, BARBARA J	5.2 NAME	
STREET ADDRESS	1820 ONE MELLON BANK CENTER	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	5.4 CITY - ST - ZIP	Pittsburgh, PA 15258-0001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Mark P. Lansinger Date: 4/29/97 Daytime Phone #: 412-234-6083
Mark P. Lansinger, Assistant Treasurer

CR2E034 (9/96)