

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 536185
1. Corporation Name
APD CROSS CREEK, INC.

Principal Place of Business Mailing Address
4850 ONE MELLON BANK CENTER
PITTSBURGH, PA 15258

3. Date Incorporated or Qualified 3-7-91 3a. Date of Last Report 3/30/94
4. FEI Number 25-1653920 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 One Mellon Bank Center 26
Suite, Apt. #, etc. Suits, Apt. #, etc.
22 Room 772 27
City & State City & State
23 Pittsburgh, PA 28
Zip Country Zip Country
24 15258 25 29 30

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE _____
Signature typed or printed name of registered agent and fee, if applicable. (Not) Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	D/C/P
NAME	Holl, Richard L.
STREET ADDRESS	4850 One Mellon Bank Center
CITY- ST- ZIP	Pittsburgh, PA 15258-0001
TITLE	Controller
NAME	S. Lynn Taylor
STREET ADDRESS	2945 One Mellon Bank Center
CITY- ST- ZIP	Pittsburgh, PA 15258-0001
TITLE	ATT
NAME	Lansinger, Mark P.
STREET ADDRESS	772 One Mellon Bank Center
CITY- ST- ZIP	Pittsburgh, PA 15258-0001
TITLE	
NAME	Whiteman, Barbara J.
STREET ADDRESS	1729 One Mellon Bank Center
CITY- ST- ZIP	Pittsburgh, PA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

DP 6/21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 5/15/95
MARK P. LANSINGER, Assistant Treasurer