

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90177 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S36185

1. Corporation Name
APD CROSS CREEK, 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1991

4. FEI Number
25-1653920

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WHITE, SHERMAN L.	
STREET ADDRESS	1535 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, S. LYNN	
STREET ADDRESS	740 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LANSINGER, MARK P	
STREET ADDRESS	772 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITEMAN, BARBARA J	
STREET ADDRESS	4826 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer Vicki K. Parnell
2.3 STREET ADDRESS	2945 One Mellon Bank Center
2.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary Joseph P. Heiser
4.3 STREET ADDRESS	4826 One Mellon Bank Center
4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Mark P. Lansinger* **Mark P. Lansinger** Date: **3/6/99** Daytime Phone #: **412-234-6083**

CR2E034 (11/98)