

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90136 009 \*\*\*150.00

**DOCUMENT # S36185**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1653920**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DCP	WHITE, SHERMAN L.	1535 ONE MELLON BANK CENTER	PITTSBURGH PA 15258	<input type="checkbox"/>
T	PARNELL, VICKI	5325 ONE MELLON BANK CTR	PITTSBURGH PA 15258-0001	<input checked="" type="checkbox"/>
AT	SCIVILLO, JOANNE E	772 ONE MELLON BANK CENTER	PITTSBURGH PA 15258-0001	<input type="checkbox"/>
S	HEISER, JOSEPH P	4826 ONE MELLON BANK CENTER	PITTSBURGH PA 15258-0001	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1535 One mellon Center	Pittsburgh, PA 15258-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Albert N. Larimer	4502 One mellon Center	Pittsburgh, PA 15258-0001	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Scivillo, Joanne E	772 One Mellon Center	Pittsburgh, PA 15258-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4826 One mellon Center	Pittsburgh, PA 15258-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne E. Scivillo JE Scivillo Date: 1/12/01 Daytime Phone #: 412-234-1334

CR2E034 (10/00)