

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90006 024 ***150.00

0577928 AT

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **25-1653920** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	WHITE, SHERMAN L.	
STREET ADDRESS	1535 ONE MELLON CTR	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARINER, ALBERT N	
STREET ADDRESS	4502 ONE MELLON CTR	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SCRULLO, JOANNE E	
STREET ADDRESS	772 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEISER, JOSEPH P	
STREET ADDRESS	4826 ONE MELLON CTR	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. David Thompson	
STREET ADDRESS	One Mellon Center, Room 1535	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	Albert N. Larimer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert N. Larimer	
STREET ADDRESS	One Mellon Center, Room 5325	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne S. Huber	
STREET ADDRESS	One Mellon Center, Room 772	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Mellon Center, Room 4826	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 S. Huber **SIGNATURE REQUIRED** Assistant Treasurer Date 4/12-234-1334 Daytime Phone #

CR2E034 (9/01)



Attachment
Doc# 807027
536185

Mellon

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

January 8, 2002

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

The following return(s) is enclosed:

2002 Annual Report

For the State of FL

The company filing this return is:

APD Cross Creek, Inc.

A check in the amount of \$150.00 is enclosed.

Very truly yours,

Michelle M. Malone

Michelle M. Malone

Enclosure(s)

cc: Joanne S. Huber