

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 026 ***150.00

DOCUMENT # S36185

1. Entity Name

APD CROSS CREEK, INC.



Principal Place of Business

ONE MELLON CENTER
 ROOM 772
 PITTSBURGH PA 15258-0001

Mailing Address

ONE MELLON CENTER
 ROOM 772
 PITTSBURGH PA 15258-0001
 US

24006020



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, J DAVID	
STREET ADDRESS	ONE MELLON CENTER ROOM 1535	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARIMER, ALBERT N	
STREET ADDRESS	ONE MELLON CENTER ROOM 5325	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HUBER, JOANNE S	
STREET ADDRESS	ONE MELLON CENTER ROOM 772	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HEISER, JOSEPH P	
STREET ADDRESS	ONE MELLON CENTER ROOM 4826	
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		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Shannon	
STREET ADDRESS	One Mellon Center Room 965	
CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Mellon Center Room 410	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pittsburgh, PA 15258-0007	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Tamara A. Long	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. S. Huber* *Joanne S. Huber, AT* 1/30/04 412-234-1334
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #