

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90101 035 \*\*\*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**



**2. Principal Place of Business**  
*One Mellon Center*  
Suite, Apt. #, etc.  
*Room 772*

**3. Mailing Address**  
*One Mellon Center*  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Signature Required 1/3/03*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Joanne S. Huber*  
**Assistant Treasurer** *412-234-1334*

CR2E034 (10/02)



Attachment: 536185

80001316

**Mellon**

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

January 7, 2003

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

Gentlemen:

The following return(s) is enclosed:

2003 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