

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36186 (2)**

1. Corporation Name
APD CYPRESS SPRINGS, INC.



Principal Place of Business Mailing Address
4850 ONE MELLON BANK CTR. PITTSBURGH PA 15258-0001
ONE MELLON BANK CENTER ROOM 772 PITTSBURGH PA 15258-0001 US

3. Date Incorporated or Qualified **03/07/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 **OneMellon BankCenter** 26 Suite, Apt. #, etc.

22 **Room 772** 27 Suite, Apt. #, etc.

23 **Pittsburgh, PA** 28 City & State

24 **15258-0001** 25 **U.S.A.** 29 Zip Country

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

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HOLL, RICHARD L	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCARTOR, MICHAEL M	
STREET ADDRESS	4850 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	TAYLOR, S. LYNN	
STREET ADDRESS	2945 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITEMAN, BARBARA J	
STREET ADDRESS	1820 ONE MELLON BANK CENTER	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001	
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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Mark P. Lansinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date Day/Mo/Yr Phone #

CR2E034 (12/95)