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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90177 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S36186**

1. Corporation Name  
**APD CYPRESS SPRINGS, INC.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1991**

4. FEI Number

**25-1652974**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

DCP  
 NAME WHITE, SHERMAN L.  
 STREET ADDRESS 1535 ONE MELLON BANK CENTER  
 CITY-ST-ZIP PITTSBURGH PA 15258

TITLE  DELETE

V  
 NAME MCARTOR, MICHAEL M  
 STREET ADDRESS 1535 ONE MELLON BANK CENTER  
 CITY-ST-ZIP PITTSBURGH PA 15258

TITLE  DELETE

T  
 NAME TAYLOR, S. LYNN  
 STREET ADDRESS 740 ONE MELLON BANK CENTER  
 CITY-ST-ZIP PITTSBURGH PA 15258

TITLE  DELETE

S  
 NAME WHITEMAN, BARBARA J  
 STREET ADDRESS 4826 ONE MELLON BANK CENTER  
 CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE  DELETE

AT  
 NAME LANSINGER, MARK P  
 STREET ADDRESS 772 ONE MELLON BANK CENTER  
 CITY-ST-ZIP PITTSBURGH PA 15258-0001

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP *Pittsburgh, PA 15258-0001*

2.1 TITLE  Change  Addition

2.2 NAME *Vice President*  
 2.3 STREET ADDRESS *Kenneth W. Popko*  
 2.4 CITY-ST-ZIP *1535 One Mellon Bank Center*  
*Pittsburgh, PA 15258-0001*

3.1 TITLE  Change  Addition

3.2 NAME *Treasurer*  
 3.3 STREET ADDRESS *Vic K. B. Parnell*  
 3.4 CITY-ST-ZIP *740 One Mellon Bank Center*  
*Pittsburgh, PA 15258-0001*

4.1 TITLE  Change  Addition

4.2 NAME *Secretary*  
 4.3 STREET ADDRESS *Joseph P. Neiser*  
 4.4 CITY-ST-ZIP *4826 One Mellon Bank Center*  
*Pittsburgh, PA 15258-0001*

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Mark P. Lansinger* Mark P. Lansinger *3/16/99* 3412-234-6083  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)