

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

01-23-2002 90037 045 \*\*\*150.00

0677230 AT

**DOCUMENT # S36186**

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

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

Mailing Address  
**ONE MELLON BANK CENTER**  
**ROOM 772**  
**PITTSBURGH PA 15258-0001**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**25-1652974**

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.

SIGNATURE

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

(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.  
 (See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**DCP**  
 NAME **WHITE, SHERMAN L.**  
 STREET ADDRESS **1535 ONE MELLON CENTER**  
 CITY-ST-ZIP **PITTSBURGH PA 15258-0001**

TITLE  Change  Addition  
**DCP**  
 NAME **J. David Thompson**  
 STREET ADDRESS **One Mellon Center, Room 1535**  
 CITY-ST-ZIP **Pittsburgh, PA 15258-0001**

TITLE  Delete  
 NAME **VP LANGFORD, DON**  
 STREET ADDRESS **1525 ONE MELLON CENTER**  
 CITY-ST-ZIP **PITTSBURGH FL 15258-0001**

TITLE  Change  Addition  
 NAME **One Mellon Center, Room 1525**  
 STREET ADDRESS **Pittsburgh, PA 15258-0001**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T. LANNIER, ALBERT**  
 STREET ADDRESS **4502 ONE MELLON CENTER**  
 CITY-ST-ZIP **PITTSBURGH FL 15258-0001**

TITLE  Change  Addition  
 NAME **Albert D. Larimer**  
 STREET ADDRESS **One Mellon Center, Room 9325**  
 CITY-ST-ZIP **Pittsburgh, PA 15258-0001**

TITLE  Delete  
 NAME **S HEISER, JOSEPH P**  
 STREET ADDRESS **4826 ONE MELLON CENTER**  
 CITY-ST-ZIP **PITTSBURGH PA 15258-0001**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AT SCIULLO, JOANNE**  
 STREET ADDRESS **772 ONE MELLON CENTER**  
 CITY-ST-ZIP **PITTSBURGH PA 15258-001**

TITLE  Change  Addition  
**AT**  
 NAME **Joanne S. Huber**  
 STREET ADDRESS **One Mellon Center, Room 772**  
 CITY-ST-ZIP **Pittsburgh, PA 15258-0001**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne S. Huber* **Joanne S. Huber** 1-8-02 412-234-1334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)



Attachment

807056  
Doc# 536186

**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 Cypress Springs, 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