


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90080 023 ***150.00

DOCUMENT # S36186 1. Entity Name APD CYPRESS SPRINGS, INC.					
Principal Place of Business ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258-0001 US			Mailing Address ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258-0001 US		
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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	<input checked="" type="checkbox"/> Delete	TITLE	DCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, J DAVID		NAME	Christopher Shannon	
STREET ADDRESS	ONE MELLON CENTER RM 1535		STREET ADDRESS	One Mellon Center, Room 965	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIMER, ALBERT N		NAME	One Mellon Center, Room 410	
STREET ADDRESS	ONE MELLON CENTER #5325		STREET ADDRESS	Pittsburgh, PA 15258-0001	
CITY-ST-ZIP	PITTSBURGH FL 15258-0001		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIMER, ALBERT N		NAME	One Mellon Center, Room 410	
STREET ADDRESS	ONE MELLON CENTER RM 5325		STREET ADDRESS	Pittsburgh, PA 15258-0001	
CITY-ST-ZIP	PITTSBURGH FL 15258-0001		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEISER, JOSEPH P		NAME	Tamara Long	
STREET ADDRESS	4826 ONE MELLON CENTER		STREET ADDRESS	One Mellon Center, Room 4826	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		CITY-ST-ZIP	Pittsburgh, PA 15258-0001	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, JOANNE S		NAME		
STREET ADDRESS	ONE MELLON CENTER RM 772		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>J. S. Huber</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joanne S. Huber, AT		Date: 1/30/04 Daytime Phone #: 412-234-1334	