

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

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

01-13-2003 90420 003 \*\*\*150.00

**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**



2. Principal Place of Business

*One Mellon Center*  
Suite, Apt. #, etc.

3. Mailing Address

*One Mellon Center*  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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. 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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP THOMPSON, J DAVID</b> <input type="checkbox"/> Delete <b>ONE MELLON CENTER RM 1535 PITTSBURGH PA 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANGFORD, DON</b> <input checked="" type="checkbox"/> Delete <b>ONE MELLON CENTER RM 1525 PITTSBURGH FL 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LANNIER, ALBERT</b> <input type="checkbox"/> Delete <b>ONE MELLON CENTER RM 5325 PITTSBURGH FL 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEISER, JOSEPH P</b> <input type="checkbox"/> Delete <b>4826 ONE MELLON CENTER PITTSBURGH PA 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT HUBER, JOANNE S</b> <input type="checkbox"/> Delete <b>ONE MELLON CENTER RM 772 PITTSBURGH PA 15258-001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Larimer, Albert N.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>One Mellon Center, Room 5325 Pittsburgh, PA 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Larimer, Albert N.</b> <b>Pittsburgh, PA 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pittsburgh, PA 15258-0001</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: *Joanne S. Huber* 1/13/03  
ASSISTANT TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone # 412-234-1334



Attachment #  
536186  
30006595

**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 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