FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995/1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name V31897
APD CROSSINGS

DOCUMENT # [redacted] (3)

Mailing Address

Principal Place of Business
1013 CENTRE ROAD
P.O. BOX 591
WILMINGTON DE 19899

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified: 05/24/1988
5. Date of Last Report: 03/29/1993

2. Mailing Address: 21 One Mellon Bank Center
3. Principal Place of Business: 26
6. FEI Number: ~~25-1676030~~ 251707152 — Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.: 22 Room 772
Suite, Apt. #, etc.: 27
7. Certificate of Status Desired: $8.75 Additional Fee Required ☐

City & State: 23 Pittsburgh, PA
City & State: 28
8. Nonprofit Exempt from $138.75 Supplemental Fee ☐

$5.00 May Be Added to Fees

Zip: 24 15258-0001 Country: 25
Zip: 29 Country: 30
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of Current Registered Agent

CORPORATION SERVE COMPANY
FOWLER & CLARK, P.A.
502 EAST PARK AVENUE
TALLAHASSEE 32301

11. Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

15. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Acceptance Appointment NOTE: Registered Agent Signature Required for Reinstatement

12. OFFICERS AND DIRECTORS		13.
11 TITLE	D/C/P	11 TITLE
12 NAME	HOLL RICHARD L	12 NAME
13 STREET ADDRESS	4850 ONE MELLON BANK CENTER	13 STREET ADDRESS
14 CITY-ST-ZIP	PITTSBURGH PA	14 CITY-ST-ZIP
21 TITLE	V/T	21 TITLE
22 NAME	GEIS KATHLEEN J	22 NAME
23 STREET ADDRESS	2945 ONE MELLON BANK CENTER	23 STREET ADDRESS
24 CITY-ST-ZIP	PITTSBURGH PA	24 CITY-ST-ZIP
31 TITLE	A/T	31 TITLE
32 NAME	LANSINGER, MARK P.	32 NAME
33 STREET ADDRESS	772 ONE MELLON BANK CTR	33 STREET ADDRESS
34 CITY-ST-ZIP	PITTSBURGH PA	34 CITY-ST-ZIP
41 TITLE	S	41 TITLE
42 NAME	WHITEMAN BARBARA J	42 NAME
43 STREET ADDRESS	1820 ONE MELLON BANK CENTER	43 STREET ADDRESS
44 CITY-ST-ZIP	PITTSBURGH PA	44 CITY-ST-ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY-ST-ZIP		54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY-ST-ZIP		64 CITY-ST-ZIP

✓ Michael M. McArtor
Mellon Bank Center
Pgh, PA 15258

T
S. Lynn Taylor
2945 One Mellon Bank Center
Pittsburgh, PA ~~15258~~

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***200.00

I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual 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 familiar with and have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

X Mark P. Lansinger 4/30/96
MARK P. LANSINGER, Assistant Treasurer