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Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V31897** **(4)**

1. Corporation Name
APD CROSSINGS, INC.

Principal Place of Business	Mailing Address
ONE MELLON BANK CENTER, ROOM 772 PITTSBURGH PA 15258-0000 1	1013 CENTRE ROAD PO BOX 591 WILMINGTON DE 19899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1992

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 25-1707152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☑ DELETE	1.1 TITLE	DCP	☑ Change ☑ Addition
NAME	HOLL, RICHARD L		1.2 NAME	Sherman L. White	
STREET ADDRESS	4850 ONE MELLON BANK CENTER		1.3 STREET ADDRESS	1535 One Mellon Bank Ctr.	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		1.4 CITY-ST-ZIP	PITTSBURGH, PA 15258-0001	
TITLE	T	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	TAYLOR, LYNN S.		2.2 NAME		
STREET ADDRESS	4850 ONE MELLON BANK CENTER		2.3 STREET ADDRESS	740 One Mellon Bank Ctr.	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	MCARTOR, MICHAEL M.		3.2 NAME		
STREET ADDRESS	4850 ONE MELLON BANK CENTER		3.3 STREET ADDRESS	1535 One Mellon Bank Ctr.	
CITY-ST-ZIP	PITTSBURGH PA 15258-0001		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	WHITEMAN, BARBARA J		4.2 NAME		
STREET ADDRESS	1820 ONE MELLON BANK CENTER		4.3 STREET ADDRESS	4826 One Mellon Bank Ctr.	
CITY-ST-ZIP	PITTSBURGH PA 15257		4.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0061	
TITLE		☐ DELETE	5.1 TITLE	Assistant Treasurer	☐ Change ☑ Addition
NAME			5.2 NAME	Mark P. Lansinger	
STREET ADDRESS			5.3 STREET ADDRESS	37 One Mellon Bank Center	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Pittsburgh, PA 15258	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Mark P. Lansinger 3/6/98 412-234-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008447