

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V31897**

1. Entity Name

APD CROSSINGS, INC.

Principal Place of Business

Mailing Address

**ONE MELLON BANK CENTER. ROOM 772
PITTSBURGH PA 15258-0000****ONE MELLON BANK 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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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, 2000 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP WHITE, SHERMAN L 1535 ONE MELLON BANK CTR PITTSBURGH PA 15258-0001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARNELL, VICKI K 2945 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCARTOR, MICHAEL M. 1535 ONE MELLON BANK CTR PITTSBURGH PA 15258-0001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEISER, JOSEPH P 4826 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LANSINGER, MARK P 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5325 One Mellon Bank Ctr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kenneth H. Popko 1535 One Mellon Bank Ctr. Pittsburgh, PA 15258-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph P. Heiser	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Joanne E. Scivillo 772 One Mellon Bank Ctr. Pittsburgh, PA 15258-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jan 31, 2000 8:00 am
Secretary of State**

01-31-2000 90105 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1707152**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****7. Name and Address of New Registered Agent**