2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	V31897
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1. Entity Name

APD CROSSINGS, INC.



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

01-13-2003 90443 013 ***150.00

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Principal Place of Business Mailing Address ONE MELLON BANK CENTER. ROOM 772 ONE MELLON BANK CENTER PITTSBURGH PA 15258-0000 ROOM 772 PITTSBURGH PA 15258-0001 US aling Address ONEr Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 25-1707152 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 City 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP TITLE ☐ Delete TITLE ☐ Change Addition THOMPSON, DAVID NAME NAME 1535 ONE MELLON CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Larimer, Albert N. 5335 One Meilon Conter NAME LARIMER, ALBERT D NAME STREET ADDRESS **4502 ONE MELLON CENTER** STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP *1/D* TITLE Delete TITLE **Addition** Change NAME LANGFORD, DON A Albert N. NAME Larimer STREET ADDRESS 1525 ONE MELLON CENTER STREET ADDRESS 5325 One Mellan Gover CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP TITLE S. ☐ Delete TITLE ☐ Change Addition NAME HEISER, JOSEPH P NAME STREET ADDRESS **4826 ONE MELLON CENTER** STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-7IP TITLE AT ☐ Delete TITLE ☐ Change ☐ Addition NAME HUBER, JOANNE NAME STREET ADDRESS 772 ONE MELLON CENTER STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15258-0001 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO