

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002328

Entity Name: AP RESIDENTIAL REALTY, INC.**Current Principal Place of Business:**MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS
1735 MARKET ST.
PHILADELPHIA, PA 19103**Current Mailing Address:**MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS
1735 MARKET ST.
PHILADELPHIA, PA 19103 US**FEI Number:** 23-2706685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	BLASINSKY, MARK M.
Address	MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS 1735 MARKET ST.
City-State-Zip:	PHILADELPHIA PA 19103

Title	VP, DIRECTOR
Name	KNOX, WILLIAM K.
Address	MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS 1735 MARKET ST.
City-State-Zip:	PHILADELPHIA PA 19103

Title	TREASURER
Name	JOURDAIN, JAMES
Address	MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS 1735 MARKET ST.
City-State-Zip:	PHILADELPHIA PA 19103

Title	SECRETARY
Name	EDWARDS, AUDREY M.
Address	MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS 1735 MARKET ST.
City-State-Zip:	PHILADELPHIA PA 19103

Title	DIRECTOR
Name	APPLEBAUM, DAVID P.
Address	MELLON BANK CENTER, 8TH FL, LEGAL AFFAIRS 1735 MARKET ST.
City-State-Zip:	PHILADELPHIA PA 19103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY M. EDWARDS**SECRETARY****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date