FILED Jun 03, 2002 8:00 am Secretary of State 05-13-2002 90147 014 ***150.00

FOR PROFIT CORPORATION -- * **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # FOCOCOCO & 328					
AP Residential Realty, Inc.					
DO NOT WRITE IN THIS SPACE					91180
One melle	Nocipal Place of Business One Mellon Carter 3. Mailing Address No. Mellon			or	
Suite Apt. #, etc.	Om 172 Stille Apt. #, etc.		772	_	DO NOT WRITE IN THIS SPACE
"I HSburg	gh, PA	CINOSIAIN BUC	ah. P	4	Applied For Not Applied For Not Applied For
15258	Country USA	15258	yountry USA	5.	S. Certificate of Status Desired Secret Fee Required
	galasta ka 100 tau	المنتقدية المنتقدية المنتقدية المنتقدية	Name	7. N	lame and Address of Current Registered Agent
DO NOT WRITE				ddress (P.C	D. Box Number is Not Acceptable)
1	N THIS SPA	(CÉ	. '	/\\\\\\	on South Rose Hand Rd
	and the second		City	Pin	OLAYIDA FI POSTONI
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 regulated when reinstation) DATE					
	ed or primise name or register	January 1 14	(NOTE: Regis		signature required when rainstating) DATE
Tax filing requirement a (See criteria on back)		After May	1, Fee is \$550.00 I UBR is \$61.25		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DIR	ECTORS			E
NAME POUT	ICK RYDA.	_	TITLE .		(128
STREET ADDRESS & 25	Two mello	n Conter 2-4525 9 -0007	STREET ADDRESS CITY - ST - ZIP	•	CR2E034B (1201)
TITUE V			TITLE NAME		
STREET ADDRESS 1505	ress 1525 One motion Conver				
TITLE G	* PHSDU (ab, PA 15258-0001				
NAME TOSEPH P. Heiser			NAME STREET ADDRESS	4 (2.8e)	
CITY-ST-ZIP	1 % 0040 010,11/01011 011111			, y -	DO NOT WRITE
NAME 5/1/	a Band		TITLE		IN THIS SPACE
STREET ADDRESS	Two Mellon	GNER	NAME STREET ADDRESS		
TITLE DIT	ourgh, PH	15259-0001	CITY - ST - ZIP		
NAME Gary E	Abbs ne mellon (2, ,,,,	NAME		
CITY-ST-ZIP PHSh		.enter 52 S8- <i>b</i> 001	STREET ADDRESS CITY - ST - ZIP		
TITLE NAME					
	3,		III/E		
STREET ADDRESS	J',		NAME STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	<u> </u>	ola filing does not misliki to	NAME STREET ADDRESS CITY - ST - ZIP	talad in Co-	rdio 110 07/(3/i) Eleddo Coluba
STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information indicated on an officer or director of the street of t	nformation supplied with the this report or supplements the corporation or the recei	al report is true and accura	STREET ADDRESS CITY - ST - ZIP or the exemption state and that my sign to execute this res	znature sha	ction 119.07(3)(i), Florida Statutes. I further certify that the all have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name
STREET ADDRESS CITY - ST - ZIP 13. I hereby certify that the information indicated on an officer or director of trappears in Block 11 or of SIGNATURE:	information supplied with the this report or supplements the corporation or the receion an attachment with an architecture.	al report is true and accura ver or trustee empowered :	NAME STREET ADDRESS CITY - ST - ZIP or the exemption is the and that my sign to execute this reproposered.	pnature sha port as requ	Ill have the same legal effect as if made under noth: that I am