2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90085 023 ***150.00

DOCUMENT # F00000002328

1. Entity Name

AP RESIDENTIAL REALTY, INC.

Principal Place of Business	Mailing Address
ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258	ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-2706685 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD RYAN, PATRICK 825 TWO MELLON CENTER PITTSBURGH PA 15259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LARIMER, ALBERT N 5325 ONE MELLON CENTER PITTSBURGH PA 15258-0001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dennis M. Joyce One Mellon Center, Room Pittsburgh, PA 15258-0001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~HEISER, JOSEPH~~ 4826 ONE MELLON CENTER PITTSBURGH PA 15258	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Tamara A. Long One Mellon Center, Room 4826 Pittsburgh, PA 15258-0001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RADOCAJ, ROBERT 4444 ONE MELLON CENTER PITTSBURGH PA 15258-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ABBS, GARY E 772 ONE MELLON CENTER PITTSBURGH PA 15258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARCHESE, EDWARD 1735 MARKET STREET ROOM 199-5376 PHILADELPHIA PA 19103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J S Huber Joanne S. Huber, AT 1/30/04 412-234-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #