2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90237 034 ***150.00

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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

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	RYAN, PATRICK
STREET ADDRESS	825 TWO MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 15259
TITLE	VP
NAME	JOYCE, DENNIS M
STREET ADDRESS	ONE MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	S
NAME	~~LONG, TAMARA A~~ Heiser, Joseph P.
STREET ADDRESS	4826 ONE MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 15258
TITLE	T
NAME	~~RADOCAJ, ROBERT~~ Larimer, Albert N.
STREET ADDRESS	~~355 ONE MELLON CENTER~~ 620 One Mellon Ctr.
CITY-ST-ZIP	PITTSBURGH, PA 152580001
TITLE	AT
NAME	ABBS, GARY E
STREET ADDRESS	772 ONE MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 15258
TITLE	AT Huber
NAME	~~HOBER~~, JOANNE S
STREET ADDRESS	772 ONE MELLON CENTER
CITY-ST-ZIP	PITTSBURGH, PA 15258

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JS Huber Joanne S. Huber, AT 1/6/06 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #