

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000946

Entity Name: STONERIDGE APARTMENTS, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

60 WALL ST (NY C60-4006)
NEW YORK, NY 10005 US

New Principal Place of Business:

Current Mailing Address:

60 WALL ST (NY C60-4006)
NEW YORK, NY 10005 US

New Mailing Address:

FEI Number: 45-0479080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICE, JOSEPH J
Address: 60 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

Title: D () Delete
Name: BURNS, ROBERT D
Address: 60 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

Title: S () Delete
Name: STURZINGER, PETER
Address: 60 WALL ST (NY C60-4006)
City-St-Zip: NEW YORK, NY 10005 US

Title: T (X) Delete
Name: FERGUSON, RICHARD W
Address: 60 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

Title: D (X) Delete
Name: DEVLIN, JEAN
Address: 60 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOSEPH,
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D (X) Change () Addition
Name: ROBERT,
Address: 60 WALL ST
City-St-Zip: NEW YORK, NY 10005 US

Title: S (X) Change () Addition
Name: PETER,
Address: 60 WALL ST (NY C60-4006) NEW YORK NY 10005
City-St-Zip: NEW YORK, NY 10005 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER STURZINGER

S

03/10/2009

Electronic Signature of Signing Officer or Director

Date