FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002411

1. Entity Name

AP/APMC-GP, INC.
C/O Apollo Real Estate

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Two Manhattanville Rd.	Two Manhattanville Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Purchase, NY	City & State: Purchase, NY
Zip: 10577 Country: USA	Zip: 10577 Country: USA

4. FEI Number: 52-2067626 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P/S/D Rick Koenigsberger, Director Two Manhattanville Rd. Purchase, NY 10577
V/S Michael D. Weiner 2 Manhattanville Rd. Purchase, NY 10577
V/S/D - Stuart Koenig 2 Manhattanville Rd. Purchase, NY 10577
V/T Ronald Solotruk 2 Manhattanville Rd. Purchase, NY 10577
V/T - Joel Cohn 2 Manhattanville Rd. Purchase, NY 10577

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/6/02 914-694-6502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jf 11/15/02