

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**AVALON DOWNREIT V, L.P.**

UBI Number:

**602 010 617**

Business Type:

**FOREIGN LIMITED PARTNERSHIP**

Business Status:

**ACTIVE**

Principal Office Street Address:

**BALLSTON TOWER, 671 N. GLEBE ROAD, SUITE 800, ARLINGTON, VA, 22203, UNITED STATES**

Principal Office Mailing Address:

**BALLSTON TOWER, 671 N. GLEBE ROAD, SUITE 800, ARLINGTON, VA, 22203**

Expiration Date:

**07/31/2020**

Jurisdiction:

**UNITED STATES, DELAWARE**

Formation/Registration Date:

**07/23/2012**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
C T CORPORATION SYSTEM	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501, UNITED STATES	711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**7033296300**

Email:

**LORA\_ROSS@AVALONBAY.COM**

Street Address:

**BALLSTON TOWER, 671 N. GLEBE ROAD, SUITE 800, ARLINGTON, VA, 22203, USA**

Mailing Address:

**BALLSTON TOWER, 671 N. GLEBE ROAD, SUITE 800, ARLINGTON, VA, 22203, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	AVALON DOWNREIT V, INC.		

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

**07/02/2019**

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**


You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503  option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

Attention:

**LORA ROSS**

Email:

**LORA\_ROSS@AVALONBAY.COM**

Address:

**671 N. GLEBE ROAD, SUITE 800, ARLINGTON, VA, 22203, USA**

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**EDWARD**

Last Name:

**SCHULMAN**

Entity Name:

**AVALONBAY COMMUNITIES, INC.**

Title:

**EVP, GC & SECRETARY**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.