


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90141 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 809076**

1. Corporation Name  
**TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA**

Principal Place of Business 730 THIRD AVENUE NEW YORK NY 10017	Mailing Address 730 THIRD AVENUE NEW YORK NY 10017
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/03/1952
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1624203
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
METZ, STEPHEN W MESSER VICKERS LAW FIRM, SUITE 701 318 N MONROE STREET TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	C/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, JOHN H.	1.2 NAME	
STREET ADDRESS	730 THIRD AVENUE	1.3 STREET ADDRESS	SEE ATTACHED LISTING
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DAVID	2.2 NAME	
STREET ADDRESS	333 COLLEGE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLARREMONT CA 91771-6305	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTERS, MARY ANN E.	3.2 NAME	WILLARD, CARLETON, T.
STREET ADDRESS	730 THIRD AVENUE	3.3 STREET ADDRESS	4915 CAMINO ANTONIO
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	TUCZON, AZ 85718-6005
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMM, CHARLES	4.2 NAME	
STREET ADDRESS	730 THIRD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ALBERT J.	5.2 NAME	JONES, E. LAVERNE
STREET ADDRESS	730 THIRD AVENUE	5.3 STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSKI, RICHARD J.	6.2 NAME	
STREET ADDRESS	730 THIRD AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Edward J. Leahy  
 Director, Corp. Tax 4/7/99 (212) 916-4625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)