
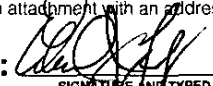


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 039 ****61.25

DOCUMENT # 809076			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent METZ, STEPHEN W 215 S. MONROE STREET SUITE 505 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
FL		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, HERBERT M	NAME	
STREET ADDRESS	730 THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ELIZABETH E	NAME	
STREET ADDRESS	253 MOUNTWELL AVE.	STREET ADDRESS	
CITY-ST-ZIP	HADDONFIELD NJ 08033	CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD, CARLETON T	NAME	Rosalie J. Wolf
STREET ADDRESS	4915 CAMINO ANTONIO	STREET ADDRESS	One Landmark Sq. Suite 710
CITY-ST-ZIP	TUCZON AZ 85718-6005	CITY-ST-ZIP	Stamford, CT 06901-2608
TITLE	V <input type="checkbox"/> Delete	TITLE	Exec. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMM, CHARLES	NAME	George W. Madison
STREET ADDRESS	730 THIRD AVENUE	STREET ADDRESS	730 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	New York, NY 10017
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, E. LAVERNE	NAME	
STREET ADDRESS	730 THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMSKI, RICHARD J.	NAME	Gary Chinery
STREET ADDRESS	730 THIRD AVENUE	STREET ADDRESS	730 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	New York, NY 10017
12. 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 617, 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: 		Edward J. Leahy - Director, Corp Tax	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		(212) 916-4625	
		Daytime Phone #	



MOORE CR2E037 (11/03)

4. FEI Number **13-1624203** Applied For Not Applicable

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