


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 809076 1. Entity Name TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA	
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Principal Place of Business 730 THIRD AVENUE NEW YORK, NY 10017	Mailing Address 730 THIRD AVENUE NEW YORK, NY 10017
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-1624203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent METZ, STEPHEN W 215 S. MONROE STREET SUITE 505 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ALLISON, HERBERT M 730 THIRD AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BAILEY, ELIZABETH E 253 MOUNTWELL AVE. HADDONFIELD, NJ 08033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOLF, ROSALIE J ONE LANDMARK SQ., STE 710 STAMFORD, CT 069012608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP MADISON, GEORGE W 730 THIRD AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JONES, E. LAVERNE 730 THIRD AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHINERY, GARY 730 THIRD AVENUE NEW YORK, NY 10017

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05/05/05-80071-002 61.25

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IN THIS SPACE**

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: 	Date 4/21/05	Daytime Phone # (212) 916-4625
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