


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 002 ****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
---	---

40104443



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1624203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/22/07 Daytime Phone #: 212-916-4625