

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809076

FILED
Mar 27, 2008
Secretary of State

Entity Name: TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

Current Principal Place of Business:

730 THIRD AVENUE
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

730 THIRD AVENUE
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-1624203 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

METZ, STEPHEN W
215 S. MONROE STREET
SUITE 505
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ALLISON, HERBERT M
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: TR () Delete
Name: BAILEY, ELIZABETH E
Address: 253 MOUNTWELL AVE.
City-St-Zip: HADDONFIELD, NJ 08033

Title: T () Delete
Name: WOLF, ROSALIE J
Address: ONE LANDMARK SQ., STE 710
City-St-Zip: STAMFORD, CT 069012608

Title: EVP () Delete
Name: MADISON, GEORGE W
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VS () Delete
Name: JONES, E. LAVERNE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: T () Delete
Name: CHINERY, GARY
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRE (X) Change () Addition
Name: MAXWELL, DENISE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VP (X) Change () Addition
Name: PIERRE-MERRITT, MARJORIE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: OSHINS, ALICE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: TREA (X) Change () Addition
Name: CHINERY, GARY
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA MCDONALD

POA

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date