

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 26, 2009
Secretary of State**

DOCUMENT# 809076

Entity Name: TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA**Current Principal Place of Business:**730 THIRD AVENUE 8TH FLOOR
NEW YORK, NY 10017**New Principal Place of Business:****Current Mailing Address:**730 THIRD AVENUE 8TH FLOOR
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: FERGUSON JR, ROGER W
Address: 730 THIRD AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017Title: VPS () Delete
Name: MOSTYN III, WILLIAM J
Address: 730 THIRD AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017Title: TRES () Delete
Name: GUTIERREZ, JORGE
Address: 730 THIRD AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017Title: EVP () Delete
Name: PROCTOR, GEORGANNE C
Address: 730 THIRD AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017Title: EVP () Delete
Name: SCOTT, BERTRAM L
Address: 730 THIRD AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: ASTS () Change (X) Addition
Name: YACOVETTA, MARK
Address: 730 THIRD AVENUE 8TH FLOOR
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: ANNE MEYER

Electronic Signature of Signing Officer or Director

POA

03/26/2009

Date