

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 11, 2012
Secretary of State**

DOCUMENT# 809076

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:CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCD
Name: FERGUSON JR, ROGER W
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017Title: D
Name: YACOVETTA, MARK
Address: 8500 ANDREW CARNEGIE BLVD
City-St-Zip: CHARLOTTE, NC 28262Title: VPT
Name: GUTIERREZ, JORGE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017Title: VPAS
Name: PIERRE-MERRITT, MARJORIE
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017Title: D
Name: CRAWFORD, MICHAEL
Address: 8500 ANDREW CARNEGIE BLVD
City-St-Zip: CHARLOTTE, NC 28262Title: D
Name: MENDEZ, ILEANA
Address: 730 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

I hereby 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 all other like empowered.

SIGNATURE: MARJORIE PIERRE-MERRITT

VPAS

09/11/2012

Electronic Signature of Signing Officer or Director_____
Date