

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90318 041 ****61.25

006272

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-1624203** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BIGGS, JOHN H.	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	333 COLLEGE WAY	
CITY-ST-ZIP	CLARREMENT CA 91771-8305	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WILLARD, CARLETON T	
STREET ADDRESS	4915 CAMINO ANTONIO	
CITY-ST-ZIP	TUCZON AZ 85718-6005	
TITLE	V	<input type="checkbox"/> Delete
NAME	STAMM, CHARLES	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, E. LAVERNE	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMSKI, RICHARD J.	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman, Pres & Chief Exec Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert M. Allison, Jr.	
STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Elizabeth E. Bailey	
STREET ADDRESS	253 Mountwell Ave	
CITY-ST-ZIP	Haddonfield, NJ 08033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rosario Vallejo **REQUIRED** Vice President, Corporate Tax 4/25/2003 (212) 916-4600

CR2E037 (10/02)