

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 045 ****61.25

14012156



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-6022042	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # 846499
 1. Entity Name
 COLLEGE RETIREMENT EQUITIES FUND INC.



Principal Place of Business 730 THIRD AVE NEW YORK, NY 10017-3206 US	Mailing Address 730 THIRD AVE NEW YORK, NY 10017-3206 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 METZ, STEPHEN W
 215 SOUTH MONROE ST., 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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25
Due by May 1, 2005

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	VPT CHINERY, GARY 730 3RD AVE. NEW YORK, NY 100173206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLISON, HERBERT M JR 730 THIRD AVENUE NEW YORK, NY 100173206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONRAD, ELIZABETH A 730 THIRD AVE. NEW YORK, NY 100173206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTENS, ERWIN W 730 THIRD AVENUE NEW YORK, NY 100173206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCI LEIBOWITZ, MARTIN L 730 THIRD AVE NEW YORK, NY 100173206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EVANS, SCOTT C 730 THIRD AVE NEW YORK, NY 100173206

DO NOT WRITE IN THIS SPACE

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/21/05 Daytime Phone #: (212) 916-4621