

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 005 ****61.25

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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04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-6022042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 JONES, LAVERNE E 730 THIRD AVENUE NEW YORK, NY 10017
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	VP KLARISTENFELD, HARRY I 730 THIRD AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EVANS, SCOTT C 730 THIRD AVE NEW YORK, NY 100173206

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 4/23/07 Daytime Phone #: 212-916-4621