


attachment

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

05-05-2003 91763 010 ****61.25

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

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

90128391

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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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number 13-6022042	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
METZ, STEPHEN W 215 SOUTH MONROE ST., SUITE 605 TALLAHASSEE, FL 32301		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)

FILE NOW - FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME ADAMSKI, RICHARD J.	<input type="checkbox"/> Delete	TITLE NAME Chairman, President, CEO of	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 3RD AVE.		STREET ADDRESS HERBERT M. ALLISON, JR.	
CITY-ST-ZIP NEW YORK, NY 100173206		CITY-ST-ZIP 730 THIRD AVNEUE NEW YORK, NY 10017-3206	
TITLE NAME BIGGS, JOHN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 THIRD AVENUE		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 100173206		CITY-ST-ZIP	
TITLE NAME GIBBS, RICHARD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 THIRD AVE.		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 100173206		CITY-ST-ZIP	
TITLE NAME HORNER, MATINA G.	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 THIRD AVENUE		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 100173206		CITY-ST-ZIP	
TITLE NAME LEIBOWITZ, MARTIN L	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 THIRD AVE		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 100173206		CITY-ST-ZIP	
TITLE NAME EVANS, SCOTT C	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 730 THIRD AVE		STREET ADDRESS	
CITY-ST-ZIP NEW YORK, NY 100173206		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)(l), 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:  Director, Corp Tax 4/28/2003 (212) 916-4625

CRCE037 (10/02)