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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001070

1. Corporation Name
EIGHTH CAREY CORPORATE PROPERTY, INC.



Principal Place of Business: 50 ROCKEFELLER PL, 2ND FLOOR, NEW YORK FL 10020 US
 Mailing Address: 50 ROCKEFELLER PLAZA, 2ND FL, NEW YORK FL 10020 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 02/23/1993
 4. FEI Number: 13-3421287
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) and DATE (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAREY, WILLIAM P	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, FRANCIS J	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	STODDARD, GEORGE E	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BARCLAY G.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	HAMRICK, STEPHEN H	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KLEIN, LAWRENCE R DR	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID G. TERMINE	
1.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
1.4 CITY-ST-ZIP	NEW YORK, NY 10020	
2.1 TITLE	EXECUTIVE VP CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN M. BERLIN	
2.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
2.4 CITY-ST-ZIP	NEW YORK, NY 10020	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Termine* DAVID G. TERMINE, VP 4/16/99 (212) 492-1167
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)