

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002555

1. Corporation Name

SSR REALTY ADVISORS, INC.

Principal Place of Business

ONE NORTH BROADWAY
SUITE 500
WHITE PLAINS, NY 10601
US

Mailing Address

1 CALIFORNIA STREET
SUITE 1400
SAN FRANCISCO CA 94111-5415
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/14/97

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

94-3262034

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDON, THOMAS P., JR.	1.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY STE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 10601	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNI, RALPH F.	2.2 NAME	
STREET ADDRESS	ONE FINANCIAL CENTER, 30TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02111-2690	2.4 CITY-ST-ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWERTON, HERMAN H.	3.2 NAME	
STREET ADDRESS	ONE CALIFORNIA ST, STE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	3.4 CITY-ST-ZIP	
TITLE	VCFOT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, WILLIAM A.	4.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY STE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 10601	4.4 CITY-ST-ZIP	
TITLE	AVACAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPRO, KAREN K.	5.2 NAME	
STREET ADDRESS	ONE NORTH BROADWAY, STE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 10601	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, GERARD P.	6.2 NAME	
STREET ADDRESS	ONE FINANCIAL CENTER, 30TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02111-2690	6.4 CITY-ST-ZIP	

6000002503600 Change Addition
-04/28/98-01095-034
***150.00

Handwritten signature

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.

SIGNATURE: *H. Howerton*

HERMAN H. HOWERTON
VP, GC & SEC.

4/23/98

(415) 678-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0526417