

03041999-90132-023-\$150.00-\$150.00

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90132 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002555

1. Corporation Name
SSR REALTY ADVISORS, INC.



Principal Place of Business ONE NORTH BROADWAY, STE 500 WHITE PLAINS NY 10601	Mailing Address ONE NORTH BROADWAY, STE 500 WHITE PLAINS NY 10601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 One California St., #1400		3. Date Incorporated or Qualified 05/14/1997	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number 94-3262034	
23 City & State		28 San Francisco, CA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 94111		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 USA		7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent G T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				Corporation Service Company	
82 Street Address (P.O. Box Number is Not Acceptable)				1201 Hays Street	
83					
84 City				Tallahassee FL	
				85 Zip Code 32301	

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE *Karen Harris* **Karen Harris, Asst. Vice President 4-5-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDON JR, THOMAS P	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 FLOOR	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 STREET, SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	VCFT <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	ACAC <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	BD <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 FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02111-2690	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)(f), 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 807, 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 filers empowered.

SIGNATURE: *Herman H. Howerton* **Herman H. Howerton, VP, GC & Sec. 2/4/99 415 678-** DATE: **2000**

CR2E034 (1/98)