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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000004988 (8)
1. Corporation Name
TGM OXFORD SQUARE INC.



Principal Place of Business Mailing Address
C/O TGM ASSOCIATES L.P. C/O TGM ASSOCIATES L.P.
650 FIFTH AVENUE 650 FIFTH AVENUE
NEW YORK NY 10019 NEW YORK NY 10019

3. Date Incorporated or Qualified
09/16/1997

4. FEI Number Applied For
13-3898009 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

7. Is this nonprofit corporation a homeowners association? Yes No

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	GOCHBERG, THOMAS	Title "D"
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	EVAS	<input type="checkbox"/> DELETE
NAME	MACY, STEVEN C	Title "D"
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MEICHELBECK, PAUL V	Title "D"
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STEVES, ROBERT J	
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	RUTTER, BRIAN	
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROTHBLUM, JOYCE	
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed upon an attachment with an address.

SIGNATURE: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 98 212 8301501
Date Daytime Phone # 0077278

CR2E037 (1097)