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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000004988

1. Corporation Name  
**TGM OXFORD SQUARE INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3898009	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>BPD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GOCHBERG, THOMAS		1.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP				
TITLE	<b>B EVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MACY, STEVEN C		2.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP				
TITLE	<b>BVP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MEICHELBECK, PAUL V		3.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP				
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STEVES, ROBERT J		4.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		4.4 CITY-ST-ZIP				
TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUTTER, BRIAN		5.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROTHBLUM, JOYCE		6.2 NAME				
STREET ADDRESS	% 650 FIFTH AVENUE 28TH FLOOR		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019		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, or on an attachment with an address, with all other ~~officers~~ empowered.

SIGNATURE: SIGNATURE REQUIRED 1/7/99 (212) 833-9304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)