


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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90065 048 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P38998
 1. Corporation Name
CAREY CORPORATE PROPERTY, INC.

| | |
|--|--|
| Principal Place of Business 50 ROCKEFELLER PLAZA SECOND FLOOR NEW YORK NY 10020 US | Mailing Address 50 ROCKEFELLER PLAZA SECOND FLOOR NEW YORK NY 10020 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip Country 24 25 | Zip Country 29 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 05/28/1992 | Applied For Not Applicable |
| 4. FEI Number 13-3121600 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. 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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|----------------------------------|--|
| TITLE CD <input type="checkbox"/> DELETE | NAME CAREY, WILLIAM P. | 1.1 TITLE SENIOR VP NATIONAL MARKETING DIRECTOR - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY | 12 NAME H. AUGUSTUS CAREY |
| TITLE PD <input checked="" type="checkbox"/> DELETE | NAME CAREY, FRANCIS J. | 13 STREET ADDRESS 50 ROCKEFELLER PLAZA |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY | 14 CITY-ST-ZIP NEW YORK, NY 10020 |
| TITLE D <input type="checkbox"/> DELETE | NAME STODDARD, GEORGE E. | 2.1 TITLE EXECUTIVE VP - MANAGING DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY | 2.2 NAME GORDON F. DUGAN |
| TITLE EVP <input checked="" type="checkbox"/> DELETE | NAME JONES, BARCLAY G. | 2.3 STREET ADDRESS 50 ROCKEFELLER PLAZA |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY | 2.4 CITY-ST-ZIP NEW YORK, NY 10020 |
| TITLE D <input type="checkbox"/> DELETE | NAME KLEIN, LAWRENCE R., DR. | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY | 3.2 NAME |
| TITLE VP <input type="checkbox"/> DELETE | NAME TERMINE, DAVID G. | 3.3 STREET ADDRESS |
| STREET ADDRESS 50 ROCKEFELLER PLAZA | CITY-ST-ZIP NEW YORK NY 10020 | 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 REQUIRED **DAVID G. TERMINE, VP** Date **4/16/99** (212) 492-1167
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)