## 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 809076** 

Entity Name: TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF

**AMERICA** 

## **Current Principal Place of Business:**

730 THIRD AVENUE MS: 703/12/02 NEW YORK, NY 10017

# **Current Mailing Address:**

730 THIRD AVENUE MS: 703/12/02

NEW YORK, NY 10017 US

FEI Number: 13-1624203 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** May 01, 2017

**Secretary of State** 

CC0377549641

## Officer/Director Detail:

Title	PRESIDENT, DIRECTOR	Title	TREASURER
Name	FERGUSON, ROGER	Name	GUTIERREZ, JORGE
Address	730 THIRD AVENUE	Address	730 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017

Title **DIRECTOR** Title DIRECTOR

HUNDERT, EDWARD Name HESS, LISA W Name Address 730 THIRD AVENUE 730 THIRD AVENUE Address City-State-Zip: NEW YORK NY 10017 City-State-Zip: NEW YORK NY 10017

Title **SECRETARY** Title DIRECTOR

ROLLOCK, PHILLIP T ROBINSON, DOROTHY Name Name Address 730 THIRD AVENUE Address 730 THIRD AVENUE City-State-Zip: NEW YORK NY 10017 City-State-Zip: NEW YORK NY 10017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP T. ROLLOCK

**SECRETARY** 

05/01/2017