2014 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 NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVENUE NEW YORK, NY 10017

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 Apr 29, 2014

Secretary of State

CC9828987392

Officer/Director Detail:

Title PRESIDENT, CEO Title DIRECTOR

Name FERGUSON, ROGER Name YACOVETTA, MARK

Address 730 THIRD AVENUE Address 8500 ANDREW CARNEGIE BLVD

City-State-Zip: NEW YORK NY 10017 City-State-Zip: CHARLOTTE NC 28262

Title VP, ASST. SECRETARY Title **TREASURER**

PIERRE-MERRITT, MARJORIE Name **GUTIERREZ, JORGE** Name

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

Name MENDEZ, ILEANA CRAWFORD, MICHAEL Name

Address 730 THIRD AVENUE 8500 ANDREW CARNEGIE BLVD Address

NEW YORK NY 10017 City-State-Zip: City-State-Zip: CHARLOTTE NC 28262

Title DIRECTOR, SENIOR DIRECTOR

Name SIMPKINS, BRAD

Address 8500 ANDREW CARNEGIE BLVD

CHARLOTTE NC 28262 City-State-Zip:

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: MARJORIE PIERRE-MERRITT

ASST SECRETARY

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date