

2016 FOREIGN NOT FOR PROFIT CORPORATION AMENDED 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

Officer/Director Detail :

Title PRESIDENT, CEO
Name FERGUSON , ROGER
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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

Title VP, ASST. SECRETARY
Name PIERRE-MERRITT, MARJORIE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MENDEZ, ILEANA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title SR. DIRECTOR
Name RAGLAND, JOHN
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title SR. DIRECTOR
Name SIMPKINS, BRAD
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title DIRECTOR
Name YACOVETTA, MARK
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title DIRECTOR
Name CRAWFORD, MICHAEL
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

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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

ASSISTANT SECRETARY 08/10/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title SENIOR DIRECTOR
Name BAIR, SHARON
Address 8500 ANDREW CARNEGIE BLVD
City-State-Zip: CHARLOTTE NC 28262

Title DIRECTOR
Name STEFAN, GEORGE
Address 4675 MACARTHUR COURT
SUITE 1100
City-State-Zip: NEWPORT BEACH CA 92660

Title AUTHORIZED SIGNATORY
Name HANCOCK, ALEXANDER
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name NATT, DAVID
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title SENIOR DIRECTOR
Name PALMER, JASON
Address 4675 MACARTHUR COURT
SUITE 1100
City-State-Zip: NEWPORT BEACH CA 92660

Title EXECUTIVE VICE PRESIDENT
Name GAY, JOHN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017